

2

85-41600

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
8272

Copy for State Department of Health and Mental Hygiene

**WORCESTER COUNTY (23)**

*I Hereby Certify* that on the 9th day of November 19 85

the following persons were by me united in marriage at Pocomoke

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **Minister Faith Wright** Age **29** Birthplace **Maryland**  
Groom's Residence **507 5th Ave.**  
**Pocomoke City Worcester Maryland** Marital Status **Single**

Bride's Name **Deborah Jeanette Smith** Age **23** Birthplace **Maryland**  
Bride's Residence **507 5th Ave.**  
**Pocomoke City Worcester Maryland** Marital Status **Single**

Relationship to groom if any **Not related**

**Isaac Jenkins**

Name of Officiating Clergyman or Authorized Officer

**Baptist Minister**

Title and Religious Denomination or Office

**711 Short Street, Pocomoke City, Md.**

Address of Clergyman or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 13, 1985

*Warne C. Little*  
Signature - Clerk of the Court

License Fee - Resident \$  
Non-Resident \$

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41601

## Certificate of Marriage

State of Maryland

LICENSE NO.

8231

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 16th day of November 1985the following persons were by me united in marriage at Ocean City

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **Brian Lee Parsons**Age **23** Birthplace **Maryland**  
(State)Groom's **300 Monticello Ave.**Residence **Salisbury Wicomico Maryland** Marital Status **Single**

Bride's

Name **Susan Jean Podlaseck**Age **21** Birthplace **Maryland**  
(State)Bride's **352 Walston Switch Road**Residence **Salisbury Wicomico Maryland** Marital Status **Single**

Relationship to groom if any

**Not related**

Rev. R.F. Gardiner

Name of Officiating Clergyman or Authorized Officer

**Catholic Priest and Pastor**

Title and Religious Denomination or Office

**P.O. Box 2117 MBS, Ocean City, Md.**

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 19, 1985License Fee - Resident \$  
Non-Resident \$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41602

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 8241

Copy for State Department of Health and Mental Hygiene

**WORCESTER COUNTY (23)**

*I Hereby Certify* that on the 2nd day of November 1985

the following persons were by me united in marriage at Ocean City, Maryland

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>David Lockwood</b>	Age	<b>26</b>	Birthplace	<b>Maryland</b> (State)
Groom's Residence	<b>109 Oyster Lane Ocean City Worcester Maryland</b>	Marital Status	<b>Single</b>		
Bride's Name	<b>Jacqueline Schneider</b>	Age	<b>24</b>	Birthplace	<b>New Jersey</b> (State)
Bride's Residence	<b>Rt. 1 Box 93A Berlin Worcester Maryland</b>	Marital Status	<b>Single</b>		
Relationship to groom if any	<b>Not related</b>				

License Date **Oct. 14 85**

Rev. R.F. Gardiner

Name of Officiating Clergyman or Authorized Officer

Priest and Pastor, Roman Catholic

Title and Religious Denomination or Office

14203 Sinepuxent Ave., Ocean City, Md.

Address of Clergyman or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 5, 1985

License Fee - Resident \$  
 Non-Resident \$

Warne C. Littleton  
 Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41603

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 8256

Copy for State Department of Health and Mental Hygiene

**WORCESTER COUNTY (23)**

*I Hereby Certify* that on the 1st day of November 19 85

the following persons were by me united in marriage at Pocomoke City

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>John Wayne Kelly</b>	Age	<b>26</b>	Birthplace	<b>Maryland</b>
Groom's Residence	<b>706 Cedar St., Apt. A Pocomoke Worcester</b>				<b>(State)</b>
Bride's Name	<b>Jennifer Ann David</b>	Age	<b>22</b>	Birthplace	<b>Germany</b>
Bride's Residence	<b>706 Cedar St. Apt. A Pocomoke Worcester</b>				<b>(State)</b>
		Marital Status			<b>Single</b>
		Marital Status			<b>Single</b>

Relationship to groom if any **Not related**

Richard C. Hughes

Name of Officiating Clergyman or Authorized Officer

License Date **Oct. 24, 85**

Pastor, Pitts Creek Presbyterian Church

Title and Religious Denomination or Office

P. O. Box 266, Pocomoke City, Md. 21851

Address of Clergyman or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 4, 1985

License Fee - Resident \$  
 Non-Resident \$

Warne C. Littleton  
 Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41604

## Certificate of Marriage

State of Maryland

LICENSE NO.

8262

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 2nd day of Nov. 19 85the following persons were by me united in marriage at Ironshire, Berlin, Md.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name**Lewis H. Dixon, Jr.**

Age

**28**

Birthplace

**Maryland**  
(State)

Groom's

**Rt. 3 Box 674**

Residence

**Berlin****Worcester****Maryland**

Marital Status

**Single**

Bride's

Name

**Belinda Ann Foreman**

Age

**25**

Birthplace

**Maryland**  
(State)

Bride's

**Flower St.**

Residence

**Berlin****Worcester****Maryland**

Marital Status

**Single**

Relationship to groom if any

**Not related**Rev. Clarence R. Burke

Name of Officiating Clergyman or Authorized Officer

License Date **Oct. 29 85**Minister United Methodist Church

Title and Religious Denomination or Office

P. O. Box 251, Salisbury, Md.

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 29, 1985License Fee - Resident \$  
Non-Resident \$Warne C. Littleton

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41605

LICENSE NO.  
8265

Copy for State Department of Health and Mental Hygiene

**WORCESTER COUNTY (23)**

*I Hereby Certify* that on the 2nd day of November 19 85

the following persons were by me united in marriage at Snow Hill

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **Joseph Cardell McClellan** Age **40** Birthplace **Maryland**  
Groom's **P.O. Box 26503**  
Residence **Baltimore Baltimore Maryland** Marital Status **Widower**  
Bride's  
Name **Stephanie Anita Waters** Age **30** Birthplace **Maryland**  
Bride's **Rt. #3, Box 300**  
Residence **Snow Hill Worcester Maryland** Marital Status **Single**  
Relationship to groom if any **Not related**

Rev. James O. Waters

Name of Officiating Clergyman or Authorized Officer

License Date **Nov. 1 85**

United Methodist Minister

Title and Religious Denomination or Office

14205 Waters Way, Brandywine, Md. 20613

Address of Clergyman or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 4, 1985

License Fee - Resident \$  
Non-Resident \$

Warne C. Littleton

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41606

## Certificate of Marriage

State of Maryland

LICENSE NO.

8266

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 4 day of November 19 85the following persons were by me united in marriage at Goodwill Baptist Church

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name**George Joseph Dugan**Age **29** Birthplace **Canada**  
(State)

Groom's

**Rt. #1, Box 307**

Residence

**Stockton Worcester Maryland**Marital Status **Single**

Bride's

Name

**Joanne C. Marshall**Age **37** Birthplace **Maryland**  
(State)

Bride's

**Rt. #1, Box 307**

Residence

**Stockton Worcester Maryland**Marital Status **Divorced**

Relationship to groom if any

**Not related**Robert Adkins, Jr.

Name of Officiating Clergyman or Authorized Officer

License Date **Nov. 1, 85**Baptist Minister

Title and Religious Denomination or Office

Pocomoke, Maryland 21851

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 6, 1985License Fee - Resident \$  
Non-Resident \$Wayne C. Littlejohn  
Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41607

LICENSE NO.  
8270

Copy for State Department of Health and Mental Hygiene

**WORCESTER COUNTY (23)**

*I Hereby Certify* that on the 11th day of November 1985

the following persons were by me united in marriage at Ocean City

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **Marshall Scott Boykin**

Age **23** Birthplace **Maryland**  
(State)

Groom's **313 Cedar Drive**  
Residence **Salisbury Wicomico Maryland**

Marital Status **Single**

Bride's

Name **Jane Crawford Custer**

Age **19** Birthplace **Georgia**  
(State)

Bride's **313 Cedar Drive**  
Residence **Salisbury Wicomico Maryland**

Marital Status **Single**

Relationship to groom if any **Not related**

Rev. Van G. Heslop

Name of Officiating Clergyman or Authorized Officer

License Date **Nov. 6 85**

Ordained Minister Delmarva Church

Title and Religious Denomination or Office

107 E. Lillian St., Hebron, Md. 21830

Address of Clergyman or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 13, 1985

License Fee - Resident \$  
Non-Resident \$

Warne C. Littleton  
Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41608

## Certificate of Marriage

State of Maryland

LICENSE NO.

8074

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 16th day of November 19 85

the following persons were by me united in marriage at Berlin

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

Dale Avery Cathell

Age 33 Birthplace Maryland  
(State)

Groom's

Rt. #4 Box 267

Residence

Berlin Worcester Maryland

Marital Status Divorced

Bride's

Name

Marsha Elizabeth Berwanger

Age 39 Birthplace Maryland  
(State)

Bride's

2805 Philadelphia Ave.

Residence

Ocean City Worcester Maryland Marital Status Divorced

Relationship to groom if any

Not related

Rev. Gary L. Baer

Name of Officiating Clergyman or Authorized Officer

License Date July 25, 85

Minister Buckingham Presbyterian Church

Title and Religious Denomination or Office

Berlin, Maryland 21811

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 19, 1985

License Fee - Resident \$  
Non-Resident \$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41609

## Certificate of Marriage

State of Maryland

LICENSE NO.

8198

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 16 day of November 1985the following persons were by me united in marriage at Berlin, Maryland

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **Robert James Elliott**Age **23** Birthplace **Ala.**  
(State)Groom's **2 Bryan Avenue**Residence **Berlin Worcester Maryland** Marital Status **Single**

Bride's

Name **Linda Gail Loughrey**Age **23** Birthplace **Maryland**  
(State)Bride's **2709 Ocean Pines**Residence **Berlin Worcester Maryland** Marital Status **Single**Relationship to groom if any **Not related**Donald O. Hornung

Name of Officiating Clergyman or Authorized Officer

License Date **Sept. 16** **85**Minister Methodist Church

Title and Religious Denomination or Office

Berlin, Maryland 21811

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on November 25, 1985License Fee - Resident \$  
Non-Resident \$Wayne C. Littleton  
Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41610

State of Maryland

LICENSE NO.

8214

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 3 day of November 19 85

the following persons were by me united in marriage at St. Mary Star of Sea, Ocean City  
 in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **Joseph Patrick Stigler**Age **31** Birthplace **Maryland**  
(State)Groom's **115D Newport Bay Drive**Residence **Ocean City Worcester Maryland** Marital Status **Single**

Bride's

Name **Donna Marie Guertler**Age **30** Birthplace **Maryland**  
(State)Bride's **115D Newport Bay Drive**Residence **Ocean City Worcester Maryland** Marital Status **Single**Relationship to groom if any **Not related**Rev. Philip McGann

Name of Officiating Clergyman or Authorized Officer

License Date **Sept. 25** **85**Pastor, St. Mary Star of Sea

Title and Religious Denomination or Office

208 South Balto. Ave., Ocean City, Md.

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 12, 1985

License Fee - Resident \$  
 Non-Resident \$

Worne C. Littleton

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41611

## Certificate of Marriage

State of Maryland

LICENSE NO.

8291

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 24 day of November 1985the following persons were by me united in marriage at Ocean City, Md.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name

Thomas Ward Ratcliff

Age

38 Birthplace

Virginia

(State)

Groom's

410 Lark Drive

Residence

Ocean City Worcester

Maryland

Marital Status

Divorced

Bride's

Name

Ronalda Annette Mehlum

Age

33 Birthplace

S. Dakota

(State)

Bride's

410 Lark Drive Apt. 4

Residence

Ocean City Worcester

Maryland Marital Status

Divorced

Relationship to groom if any

Not related

Rev. Allen A. Snead

Name of Officiating Clergyman or Authorized Officer

License Date Nov. 21 85

Pastor Christian Fellowship Church

Title and Religious Denomination or Office

Main Street, Preston, Md. 21655

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 29, 1985

License Fee - Resident \$  
Non-Resident \$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41612

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 8293

Copy for State Department of Health and Mental Hygiene

**WORCESTER COUNTY (23)**

*I Hereby Certify* that on the 27th day of November 19 85

the following persons were by me united in marriage at Berlin, Maryland

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>Dale Wayne Morris, Jr.</b>	Age	<b>22</b>	Birthplace	<b>Maryland</b> (State)
Groom's Residence	<b>Rt. 2 Box 62 Berlin Worcester Maryland</b>	Marital Status	<b>Single</b>		
Bride's Name	<b>Sheila Jean Hicks</b>	Age	<b>22</b>	Birthplace	<b>Georgia</b> (State)
Bride's Residence	<b>Rt. 2 Box 62 Berlin Worcester Maryland</b>	Marital Status	<b>Single</b>		

Relationship to groom if any

**Not related**

**Ashely A. Maxwell**

Name of Officiating Clergyman or Authorized Officer

**Minister the United Methodist Church**

Title and Religious Denomination or Office

**111 Branch St. , Berlin, Md. 21811**

Address of Clergyman or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 27, 1985

License Fee - Resident \$  
 Non-Resident \$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41613

## Certificate of Marriage

State of Maryland

LICENSE NO.

8287

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 23 day of November 19 85the following persons were by me united in marriage at Ocean City

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **Bryan Wayne Chetelat**Age **29** Birthplace **Maryland**  
(State)Groom's **Box 1766 MBS**Residence **Ocean City Worcester Maryland** Marital Status **Single**

Bride's

Name **Laurie Lynne Williams**Age **26** Birthplace **Maryland**  
(State)Bride's **Box 1766 MBS**Residence **Ocean City Worcester Maryland** Marital Status **Single**Relationship to groom if any **Not related****Randolph W. Barr**

Name of Officiating Clergyman or Authorized Officer

License Date **Nov. 19, 85****Pastor St. Peter's Lutheran Church**

Title and Religious Denomination or Office

**Ocean City, Maryland**

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on **Nov. 26, 1985**License Fee - Resident \$  
Non-Resident \$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41614

## Certificate of Marriage

State of Maryland

LICENSE NO.

8215

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 28th day of Sept. 1985the following persons were by me united in marriage at Snow Hill

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name

Elton William Reed

Age

27

Birthplace Virginia

(State)

Groom's

193-9 Deep Hole Rd.

Residence

Chincoteague Accomack

Va.

Marital Status Single

Bride's

Name

Karen Ann Wheeler

Age

18

Birthplace Cuba

(State)

Bride's

193-9 Deep Hole Rd.

Residence

Chincoteague Accomack

Va.

Marital Status

Single

Relationship to groom if any

Not relatedGilbert F. Perdue

Name of Officiating Clergyman or Authorized Officer

Pastor Baptist

Title and Religious Denomination or Office

Rt. #3, Box 195, Snow Hill, Md.

21863

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 8, 1985

License Fee - Resident \$  
Non-Resident \$

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41615

## Certificate of Marriage

State of Maryland

LICENSE NO.

8252

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 26th day of October, 1985,

the following persons were by me united in marriage at Ocean City

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name

Mark Anthony Gasiorowski

44

Age

31

Birthplace

N. York

(State)

Groom's

Residence

31694 Ponderosa Way

Evergreen Jefferson

Colo.

Marital Status

Single

Bride's

Name

Susan Patricia Liljenquist

40

Age

29

Birthplace

Wash. D.C.

(State)

Bride's

Residence

Rt. #1, Box 122C

Selbyville Sussex

De.

Marital Status

Divorced

Relationship to groom if any

Not related

Rev. Robert Lee Harris

Name of Officiating Clergyman or Authorized Officer

License Date Oct. 22, 85

Atlantic United Meth. Church

Title and Religious Denomination or Office

P. O. Box 88, Ocean City, Md, 21842

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Oct. 22, 1985.

License Fee - Resident \$  
Non-Resident \$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41616

## Certificate of Marriage

State of Maryland

LICENSE NO.

8254

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 26 day of October, 19 85,

the following persons were by me united in marriage at Pocomoke City

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **David Paul Redinger** Age **23** Birthplace **Maryland**  
 Groom's Residence **10 Clarke Avenue**  
**Pocomoke City Worcester Maryland** Marital Status **Single**  
 Bride's Name **Della Mae Kelley** Age **20** Birthplace **Va.**  
 Bride's Residence **Box 68-8**  
**Temperanceville Accomack Va.** Marital Status **Single**

Relationship to groom if any **Not related**

Thomas J. Wall

Name of Officiating Clergyman or Authorized Officer

United Methodist Minister

Title and Religious Denomination or Office

Pocomoke City, Maryland

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Oct. 23, 1985

License Fee - Resident \$  
 Non-Resident \$

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41617

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
8257

Copy for State Department of Health and Mental Hygiene

**WORCESTER COUNTY (23)**

*I Hereby Certify* that on the 26th day of October, 1985,

the following persons were by me united in marriage at Ocean City, Md.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>Ricky Lee Kenton</b>	Age	<b>26</b>	Birthplace	<b>Delaware</b>
Groom's Residence	<b>512 Marshall St.</b>				(State)
	<b>Milford Sussex Del.</b>	Marital Status	<b>Single</b>		
Bride's Name	<b>Kimann Randall Stefanye</b>	Age	<b>27</b>	Birthplace	<b>Maryland</b>
Bride's Residence	<b>512 Marshall St.</b>				(State)
	<b>Milford Sussex Del.</b>	Marital Status	<b>Single</b>		

Relationship to groom if any **Not related**  
**Rendell H. Davis**

License Date **Oct. 24 85**

Name of Officiating Clergyman or Authorized Officer  
**Minister, First Presbyterian Church**

Title and Religious Denomination or Office  
**1301 Philadelphia Ave., Ocean City, Md.**

Address of Clergyman or Authorized Officer  
**21842**

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this office on Oct. 30, 1985.

License Fee - Resident \$  
Non-Resident \$

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41618

## Certificate of Marriage

State of Maryland

LICENSE NO.

8248

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 19th day of October, 1985,

the following persons were by me united in marriage at Ocean City

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	Stephen S. Lovell	Age	37	Birthplace	Maryland
Groom's Residence	704 S. Jefferson St.				(State)
	Allentown Lehigh	Pa.		Marital Status	Divorced
Bride's Name	Janet R. Mamrak				
Bride's Residence	704 S. Jefferson St.				
	Allentown Lehigh	Pa.		Marital Status	Divorced

Relationship to groom if any

Not related

Rev. Robert Lee Harris

Name of Officiating Clergyman or Authorized Officer

Atlantic United Meth. Church

Title and Religious Denomination or Office

E.O. Box 88, Ocean City, Md. 21842

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Oct. 22, 1985

License Fee - Resident \$  
Non-Resident \$

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41619

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 8245

Copy for State Department of Health and Mental Hygiene

**WORCESTER COUNTY (23)**

*I Hereby Certify* that on the 26th day of October, 1985

the following persons were by me united in marriage at Bishopville

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>Jeffrey Thomas Bunting</b>	Age	<b>21</b>	Birthplace	<b>Delaware</b> (State)
Groom's Residence	<b>Ocean View Sussex Delaware</b>	Marital Status	<b>Single</b>		
Bride's Name	<b>Leslie Lee Lyons</b>	Age	<b>20</b>	Birthplace	<b>Virginia</b> (State)
Bride's Residence	<b>210 Worcester St. Ocean City Worcester Maryland</b>	Marital Status	<b>Single</b>		

Relationship to groom if any **Not related**

**Rev. Ronald H. Soulsman**

Name of Officiating Clergyman or Authorized Officer

License Date **Oct. 17 85**

**Licensed Minister - Church of God**

Title and Religious Denomination or Office

**Rt. 2, Box 334 - Berlin, Md. 21811**

Address of Clergyman or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on **Oct. 30, 1985**

License Fee - Resident \$  
 Non-Resident \$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41620

## Certificate of Marriage

State of Maryland

LICENSE NO.

8290

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 23 day of November 1985the following persons were by me united in marriage at Pocomoke City

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name

Lance Daneker Watkinson

Age

21

Birthplace

Virginia

(State)

Groom's

Residence

121 Stark St. Apt. 2

Portsmouth

Rockingham

N.H.

Marital Status

Single

Bride's

Name

Joyce Lynn Hardin

Age

22

Birthplace

Virginia

(State)

Bride's

Residence

121 Stark St. Apt. 2

Portsmouth

Rockingham

N.H.

Marital Status

Single

Relationship to groom if any

Not related

Thomas J. Wall

Name of Officiating Clergyman or Authorized Officer

United Methodist Minister

Title and Religious Denomination or Office

Pocomoke City, Maryland

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 26, 1985

License Fee - Resident \$  
Non-Resident \$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41621

## Certificate of Marriage

State of Maryland

LICENSE NO.

8004

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 23rd day of November 1985the following persons were by me united in marriage at Ocean City, Md. 21842

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
NameWilliam Francis Brady  
26 Sand Dollar Lane

4

Age 21

Birthplace

Maryland  
(State)

Groom's

Residence

Selbyville Sussex

De.

Marital Status

Single

Bride's

Name

Lisa Ann Dinges

25

Age 19

Birthplace

Maryland  
(State)

Bride's

Residence

211 Coulbourne Mill Road  
Salisbury Wicomico

Maryland

Marital Status

Single

Relationship to groom if any

Not related

Rev. Philip McGann

Name of Officiating Clergyman or Authorized Officer

License Date July 1, 85

Pastor (Catholic) St. Mary Star of the

Title and Religious Denomination or Office

Sea

208 S. Baltimore, Ave., Ocean City, Md.

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 26, 1985

License Fee - Resident \$  
Non-Resident \$

Warne C. Littleton

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41622

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 8271

Copy for State Department of Health and Mental Hygiene

**WORCESTER COUNTY (23)**

*I Hereby Certify* that on the 16th day of November 1985

the following persons were by me united in marriage at Ocean City

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>Lee H. Deakyne</b>	Age	<b>26</b>	Birthplace	<b>Delaware</b> (State)
Groom's Residence	<b>10 S. Market St. Smyrna Kent</b>	Delaware	Marital Status	<b>Single</b>	
Bride's Name	<b>Cynthia L. Emier</b>	Age	<b>24</b>	Birthplace	<b>N. Y.</b> (State)
Bride's Residence	<b>10 S. Market St. Smyrna Kent</b>	Delaware	Marital Status	<b>Single</b>	

Relationship to groom if any

**Not related**

**Howard E. Evans**

Name of Officiating Clergyman or Authorized Officer

**United Methodist Minister**

Title and Religious Denomination or Office

**Delmar, De.**

Address of Clergyman or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 25, 1985

License Fee - Resident \$  
 Non-Resident \$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41623

## Certificate of Marriage

State of Maryland

LICENSE NO.

8275

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 9th day of November 1985the following persons were by me united in marriage at St. Mary Star of the Sea, Ocean  
City

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name

David Dehler

Age 23

Birthplace

New York

(State)

Groom's

Residence

2531 Huntington Avenue

Alexandria

Fairfax

Va.

Marital Status

Single

Bride's

Name

Linda Judith Roth

Age 23

Birthplace

Virginia

(State)

Bride's

Residence

2531 Huntington Avenue

Alexandria

Fairfax

Va.

Marital Status

Single

Relationship to groom if any

Not related

Rev. Philip McGann

Name of Officiating Clergyman or Authorized Officer

License Date Nov. 8, 85

Pastor, St. Mary Star of the Sea

Title and Religious Denomination or Office

208 S. Balto. Ave., Ocean City

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 13, 1985

License Fee -

Resident

\$

Non-Resident

\$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41624

## Certificate of Marriage

State of Maryland

LICENSE NO.

8190

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 17th day of October, 1985

the following persons were by me united in marriage at Snow Hill, Maryland

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

Thomas Andrew Foreman

Age

27

Birthplace

Maryland

Groom's

Rt. #4, Box 107 Pine Oak Lane

Residence

Berlin

Worcester

Maryland

Marital Status

Single

Bride's

Name

Regina Rene Brittingham

Age

24

Birthplace

Maryland

Bride's

Rt. #4 Box 107 Pine Oak Lane

Residence

Berlin

Worcester

Maryland

Marital Status

Single

Relationship to groom if any

Not related

Warne C. Littleton

Name of Officiating Clergyman or Authorized Officer

Clerk of the Circuit Court

Title and Religious Denomination or Office

Snow Hill, Maryland 21863

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on October 17, 1985.

License Fee - Resident \$  
Non-Resident \$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41625

## Certificate of Marriage

State of Maryland

LICENSE NO.

8250

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 21st day of October 9 1985the following persons were by me united in marriage at Snow Hill, Maryland

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>Rodney Beckett</b>	Age	<b>32</b>	Birthplace	<b>Maryland</b> (State)
Groom's Residence	<b>412 Dighton Ave. Snow Hill Worcester</b>	Maryland	Marital Status	<b>Single</b>	
Bride's Name	<b>Faye Price</b>	Age	<b>28</b>	Birthplace	<b>Maryland</b> (State)
Bride's Residence	<b>617A Fitzwater St. Salisbury Wicomico</b>	Maryland	Marital Status	<b>Single</b>	

Relationship to groom if any **Not related**Nina Ray Jones

Name of Officiating Clergyman or Authorized Officer

License Date **Oct. 21** **85**Asst. Chief Deputy Clerk

Title and Religious Denomination or Office

Court House, Snow Hill, Maryland

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on October 21, 1985

License Fee - Resident \$  
Non-Resident \$

Wm C. Little

Signature Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41626

State of Maryland

LICENSE NO.

8260

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 25th day of October 1985the following persons were by me united in marriage at Snow Hill, Maryland

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **Jay Randall Pfeiffer**Age **41** Birthplace **Maryland**  
(State)Groom's **220 Dawson Drive**Residence **Cockeysville Baltimore Maryland** Marital Status **Divorced**

Bride's

Name **Katherine H. Lloyd**Age **30** Birthplace **Wash., D.C.**  
(State)Bride's **220 Dawson Drive**Residence **Cockeysville Baltimore Maryland** Marital Status **Divorced**Relationship to groom if any **Not related****Warne C. Littleton**

Name of Officiating Clergyman or Authorized Officer

License Date **Oct. 25 85****Clerk of Circuit Court**

Title and Religious Denomination or Office

**Snow Hill, Maryland**

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on **October 25, 1985**License Fee - Resident \$  
Non-Resident \$**Warne C. Littleton**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41627

## Certificate of Marriage

State of Maryland

LICENSE NO.

8284

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 15th day of November 19 85the following persons were by me united in marriage at Snow Hill, Maryland

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

Harry C. Warrington

Age 66 Birthplace N. Jersey  
(State)

Groom's

Rt. #4, Box 310A

Residence

Chestertown Kent

Md.

Marital Status Divorced

Bride's

Name

Lois Kendall Crew

Age 46 Birthplace Maryland  
(State)

Bride's

Rt. #4, Box 310A

Residence

Chestertown Kent

Md.

Marital Status Divorced

Relationship to groom if any

Not related

Warne C. Littleton

Name of Officiating Clergyman or Authorized Officer

License Date Nov. 15, 85

Clerk of the Circuit Court

Title and Religious Denomination or Office

Snow Hill, Maryland 21863

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

Nov. 15, 1985

office on

License Fee - Resident \$  
Non-Resident \$

Warne C. Littleton

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41628

## Certificate of Marriage

State of Maryland

LICENSE NO.

8288

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 20th day of November 9 19 85the following persons were by me united in marriage at Snow Hill, Maryland

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

George W. Tudor

Age 40 Birthplace Canada  
(State)

Groom's

10706 Cardington Way, Apt. 202

Residence

Hunt Valley Baltimore Maryland Marital Status Divorced

Bride's

Name

Karen E. Tudor

Age 39 Birthplace M.C.  
(State)

Bride's

10706 Cardington Way, Apt. 202

Residence

Hunt Valley Baltimore Maryland Marital Status Divorced

Relationship to groom if any

Not relatedWarne C. Littleton

Name of Officiating Clergyman or Authorized Officer

License Date Nov. 20, 85Clerk of the Circuit Court

Title and Religious Denomination or Office

Snow Hill, Maryland 21863

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 20, 1985License Fee - Resident \$  
Non-Resident \$Warne C. Littleton

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41629

## Certificate of Marriage

State of Maryland

LICENSE NO.

8298

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 29th day of November 9 1985the following persons were by me united in marriage at Snow Hill

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>John Wayne Bunting</b>	Age	<b>23</b>	Birthplace	<b>Maryland</b>
Groom's Residence	<b>512 S. Surf Road</b>			(State)	
	<b>Ocean City Worcester Md.</b>	Marital Status	<b>Single</b>		
Bride's Name	<b>Glorv Roushell Chester</b>	Age	<b>19</b>	Birthplace	<b>Wash. D.C.</b>
Bride's Residence	<b>512 S. Surf Road</b>			(State)	
	<b>Ocean City Worcester Md.</b>	Marital Status	<b>Single</b>		

Relationship to groom if any **Not related**Warne C. Littleton

Name of Officiating Clergyman or Authorized Officer

Clerk of the Circuit Court

Title and Religious Denomination or Office

Snow Hill, Md.

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 29, 1985

License Fee - Resident \$  
Non-Resident \$

Warne C. Littleton

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41630

## Certificate of Marriage

State of Maryland

LICENSE NO.

8258

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 24th day of October 9 1985the following persons were by me united in marriage at Snow Hill, Maryland

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **William Francis Short**Age **55** Birthplace **De.**  
(State)Groom's **#3 Hickman Street**Residence **Rehobeth Sussex Delaware**Marital Status **Single**

Bride's

Name **Dorothy Meretta Truitt**Age **46** Birthplace **De.**  
(State)Bride's **R.D. #2, Box 111**Residence **Milford Sussex Delaware**Marital Status **Divorced**

Relationship to groom if any

Warne C. Littleton

Name of Officiating Clergyman or Authorized Officer

License Date **Oct. 24, 85**Clerk of Circuit Court

Title and Religious Denomination or Office

Court House, Snow Hill, Maryland

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on October 24, 1985License Fee - Resident \$  
Non-Resident \$Warne C. Littleton

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41631

LICENSE NO.  
 8246

Copy for State Department of Health and Mental Hygiene

**WORCESTER COUNTY (23)**

*I Hereby Certify* that on the 18th day of October 9 1985

the following persons were by me united in marriage at Snow Hill, Maryland

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
 Name

**Brent L. Griffin**

*40*

Age **20** Birthplace **Michigan**  
 (State)

Groom's  
 Residence

**PSC 1 Box 52321 AFB  
 Dover Kent**

**De.**

Marital Status **Single**

Bride's  
 Name

**Kathleen L. Haws**

*7+*

Age **20** Birthplace **Ohio**  
 (State)

Bride's  
 Residence

**970 Pinecreek Drive  
 Dayton Montgomery**

**Ohio**

Marital Status **Single**

Relationship to groom if any

**Not related**

Nina Ray Jones

Name of Officiating Clergyman or Authorized Officer

License Date **Oct. 18** **85**

Assistant Chief Deputy Clerk of Court

Title and Religious Denomination or Office

Snow Hill, Maryland

Address of Clergyman or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on October 18, 1985

License Fee - Resident \$  
 Non-Resident \$

Warr C. Glickton  
 Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41632

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 8249

Copy for State Department of Health and Mental Hygiene

**WORCESTER COUNTY (23)**

*I Hereby Certify* that on the 18th day of October 7 1985

the following persons were by me united in marriage at Snow Hill

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>John Haines</b>	Age	<b>41</b>	Birthplace	<b>Utah</b> (State)
Groom's Residence	<b>113B Allen Drive North Wildwood</b>	<b>Cape May</b>	<b>New Jersey</b>	Status	<b>Single</b>
Bride's Name	<b>Helen Steedle</b>	Age	<b>42</b>	Birthplace	<b>Pa.</b> (State)
Bride's Residence	<b>113B Allen Drive North Wildwood</b>	<b>Cape May</b>	<b>New Jersey</b>	Marital Status	<b>Single</b>
Relationship to groom if any		<b>Not related</b>			

**Warne C. Littleton**

Name of Officiating Clergyman or Authorized Officer  
**Clerk of the Circuit Court**

Title and Religious Denomination or Office

**Snow Hill, Md. 21863**

Address of Clergyman or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

**Oct. 18, 1985**

office on

*Warne C. Littleton*  
 Signature - Clerk of the Court

License Fee - Resident \$  
 Non-Resident \$

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41633

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 8263

Copy for State Department of Health and Mental Hygiene

**WORCESTER COUNTY (23)**

*I Hereby Certify* that on the 30th day of October 9 19 85

the following persons were by me united in marriage at Snow Hill, Maryland

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

**Ronald Ernest Petri**

Age **25** Birthplace **New York**  
 (State)

Groom's  
Residence

**157 Hounslow Road  
 Shirley Suffolk**

**New York** Marital Status **Single**

Bride's  
Name

**Frances I. Colantuono**

**69** Age **27** Birthplace **New York**  
 (State)

Bride's  
Residence

**143 Avondale Dr.  
 Centereach Suffolk**

**New York** Marital Status **Single**

Relationship to groom if any

**Not related**

Warne C. Littleton

Name of Officiating Clergyman or Authorized Officer

License Date **Oct. 30,** **85**

Clerk of the Circuit Court

Title and Religious Denomination or Office

Snow Hill, Maryland 21863

Address of Clergyman or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this  
 Oct. 30, 1985

office on

License Fee - Resident \$  
 Non-Resident \$

Warne C. Littleton

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41634

## Certificate of Marriage

State of Maryland

LICENSE NO.

8283

Copy for State Department of Health and Mental Hygiene

## WORCESTER COUNTY (23)

I Hereby Certify that on the 15th day of November 1985the following persons were by me united in marriage at Snow Hill

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **Graylin A. Collins**Age 21 Birthplace Va. (State)Groom's **Box 306**Residence **Stockton Worcester****Maryland** Marital Status **Single**

Bride's

Name **Chenita A. Harris**Age 20 Birthplace Va. (State)Bride's **Box 396**Residence **Onancock Accomack****Va.** Marital Status **Single**

Relationship to groom if any

**Not related**

Warne C. Littleton

Name of Officiating Clergyman or Authorized Officer

License Date **Nov. 15 85**

Clerk of the Circuit Court

Title and Religious Denomination or Office

**Snow Hill, Md. 21863**

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on Nov. 15, 1985License Fee - Resident \$  
Non-Resident \$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41635

State of Maryland

LICENSE NO.  
127506

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29th day of JUNE 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **GARY F. MONROE** Age **28** Birthplace **MD.**  
(State)  
Groom's  
Residence **2701 ROSLYN AVE.** Marital Status **SINGLE**  
Bride's  
Name **DETRA D. ADDISON** Age **22** Birthplace **MD.**  
(State)  
Bride's  
Residence **3203 ST. LUKES LA. BALTO.CO., MD.** Marital Status **SINGLE**  
Relationship to groom if any **NONE**

P. EDWARD KENNY, JR.

Name of Officiating Clergy or Authorized Officer

License Date

JUNE 26 85

PASTOR- ALL SAINTS CATHOLIC CHURCH

Title and Religious Denomination or Office

4408 LIBERTY HGTS. AVE.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 19 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41636

State of Maryland

LICENSE NO.

129660

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 28th day of SEPTEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name WILLIAM EDWARD THOMAS, JR.Age 25 Birthplace OHIO  
(State)Groom's  
Residence 1519 BOLTON STREET

Marital Status SINGLE

Bride's  
Name MILDRED ANN KNIGHTAge 24 Birthplace WASH., D.C.  
(State)Bride's  
Residence 1519 BOLTON STREET

Marital Status SINGLE

Relationship to groom if any NONE

JEREMIAH G. WILLIAMS

Name of Officiating Clergyman or Authorized Officer

License Date AUG. 30 85

PASTOR- STRAWBRIDGE UNITED METH. CHURCH

Title and Religious Denomination or Office

tt

3407 MILFORD AVE.

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 4 1985

License Fee \$

25.00

SAUNDRA E. BANKS, CLERK

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41637

State of Maryland

LICENSE NO.

129157

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 19th day of OCTOBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name CHARLES H. HARRIS, SR.

Age 39 Birthplace MD.  
(State)

Groom's Residence 169 N. MONASTERY AVE.

Marital Status DIVORCED

Bride's Name SYLVIA M. LYLES

Age 32 Birthplace PA.  
(State)

Bride's Residence 169 N. MONASTERY AVE.

Marital Status SINGLE

Relationship to groom if any NONE

NORRIS A. DICKERSON

Name of Officiating Clergyman or Authorized Officer

MINISTER- BAPTIST

Title and Religious Denomination or Office

201 N. MONASTERY AVE.

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

OCT 31 1985

License Fee \$

25.00

SAUNDRA E. BANKS, CLERK

Signature -- Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41638

## State of Maryland

LICENSE NO.

130210

Copy for State Department of Health and Mental Hygiene

### BALTIMORE CITY (30)

*I Hereby Certify* that on the 26th day of OCTOBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name

ELLERY B QUEEN

Age 38

Birthplace

MD.

(State)

Groom's Residence

3604 FOREST PK AVE

Marital Status

DIVORCED

Bride's Name

SHARON E HOWARD

Age 31

Birthplace

MD

(State)

Bride's Residence

1305 W MADISON ST

Marital Status

SINGLE

Relationship to groom if any

NONE

GILBERT QUEEN

Name of Officiating Clergy or Authorized Officer

GREATER CHURCH OF JESUS CHRIST APOSTOLIC

Title and Religious Denomination or Office

12s. STOCKTON ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 4 1985  
SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Date OCT. 23 85

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41639

## Certificate of Marriage

State of Maryland

LICENSE NO.

130142

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26th day of OCTOBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name REGINALD D. WASHINGTON Age 27 Birthplace MD.

(State)

Groom's Residence 4541 LANIER AVE.Marital Status SINGLEBride's Name SHARON Y. SMITHAge 25 Birthplace MD.

(State)

Bride's Residence 3935 ANNELLEN RD.Marital Status SINGLERelationship to groom if any NONESYLVESTER GAINES, SR.

Name of Officiating Clergy or Authorized Officer

MINISTER- EASTERN UNITED METH. CHURCH

Title and Religious Denomination or Office

1711 LAKESIDE AVENUE

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 4 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00This copy to be held by the Clerk of the Court, and for-  
warded to the Division of Vital Records, State Depart-  
ment of Health and Mental Hygiene, 201 W. Preston Street,  
Baltimore, MD 21201, upon receipt of page 3, copy of  
Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41640

LICENSE NO.

129821

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 26th day of OCTOBER 1985

the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **RICHARD L. BELL JR** Age **23** Birthplace **TX.**  
 Groom's Residence **PSC1 BOX 1692, P.G. CO., MD.** Marital Status **SINGLE**  
 Bride's Name **MARGARITA RIDGELL** Age **22** Birthplace **MD.**  
 Bride's Residence **3212 MILFORD AVE. BALTO.CO., MD.** Marital Status **SINGLE**  
 Relationship to groom if any **NONE**

License Date **OCT 2 85**

JW

**ERNEST HUMPHREY**

Name of Officiating Clergy or Authorized Officer

**PASTOR- FIRST CHRISTIAN COMM. BAPT. CHURCH**

Title and Religious Denomination or Office

**3734 MILFORD AVENUE**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 4 1985**

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature -- Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41641

LICENSE NO.

130077

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26<sup>th</sup> day of Oct 1985

the following persons were by me united in marriage at

Balti Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **WADE LAWRENCE JOHNSON**Age **23**Birthplace **MD.**  
(State)Groom's\*\* Residence **952 ARGONNE DR.**Marital Status **SINGLE**Bride's Name **THEA L. BLOODWORTH**Age **21**Birthplace **SAN DIEGO**  
(State)Bride's Residence **952 ARGONNE DR,**Marital Status **SINGLE**Relationship to groom if any **NONE**License Date **OCT 18 85**Albert Queen

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

12 S Stockton ST

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-1-85**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41642

LICENSE NO.

130084

Copy for State Department of Health and Mental Hygiene

## BALTIMORE CITY (30)

I Hereby Certify that on the 19<sup>th</sup> day of Oct 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **NORMAN GEORGE OTTO, JR**Age **27**Birthplace **MD.**  
(State)Groom's Residence **3408 SCHAEFER DR. HAMPSTEAD, MD**Marital Status **SINGLE**Bride's Name **THERESA DERARD STEIN**Age **25**Birthplace **MD.**  
(State)Bride's Residence **915 STILES ST. 21202**Marital Status **SINGLE**Relationship to groom if any **NONE**License Date **OCT 17 85**

JW

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-1-85License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41643

LICENSE NO.

130125

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 25 day of Oct 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **PHILIP B. FEDEROWICZ**Age **25** Birthplace **MD.**  
(State)

Groom's

Residence **511 N. LINWOOD AV.**Marital Status **SINGLE**

Bride's

Name **THERESA M. MUTH**Age **24** Birthplace **MD.**  
(State)

Bride's

Residence **121 N. KENWOOD AV.**Marital Status **SINGLE**Relationship to groom if any **NONE**License Date **OCT. 18 85**

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**SANDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41644

State of Maryland

LICENSE NO.

130236

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 27 day of Oct 1985

the following persons were by me united in marriage at

Baltimore Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **ROBERT FRANK SCARDINA**Age **22**

Birthplace

**MD.**

(State)

Groom's

Residence **992 SHORELAND DR. A.A. CO., MD.**

Marital Status

**SINGLE**

Bride's

Name **LISA MARIE LINSSENMEYER**Age **21**

Birthplace

**MD.**

(State)

Bride's

Residence **904 SILVER MAPLE CT. A.A. CO., MD.**

Marital Status

**DIVORCED**

Relationship to groom if any

**NONE**License Date **OCT. 25****85**

tt

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41645

## Certificate of Marriage

State of Maryland

LICENSE NO.

130221

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 27th day of OCTOBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

DAVID A PAUL

Age 37

Birthplace

MD.

(State)

Groom's  
Residence

3956 CLOVERHILL RD

Marital Status

SINGLE

Bride's  
Name

JANIS I STROUP

Age 33

Birthplace

PA

(State)

Bride's  
Residence

3956 CLOVERHILL RD

Marital Status

SINGLE

Relationship to groom if any

NONE

ALVIN DONALD

Name of Officiating Clergy or Authorized Officer

License Date OCT. 25 85

CANTOR- TEMPLE EMANUEL JEWISH

Title and Religious Denomination or Office

6605 PARK HEIGHTS AVE.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

OCT 31 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41646

## Certificate of Marriage

State of Maryland

LICENSE NO.  
130192

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 24th day of OCTOBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name GEORGE WASHINGTON JRAge 34 Birthplace MD.  
(State)Groom's Residence 501 E PRESTON STMarital Status DIVORCEDBride's Name VIRGINIA E JONESAge 32 Birthplace MD.  
(State)Bride's Residence 501 E PRESTON STMarital Status SINGLE  
NONE

Relationship to groom if any

BERLIN WHYE

Name of Officiating Clergy or Authorized Officer

License Date OCT. 23 85PASTOR- PROGRESSIVE FREE WILL BAPT.CHURCH

Title and Religious Denomination or Office

3925 DOLFIELD AVE.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

OCT 31 1985

tt

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41647

## Certificate of Marriage

State of Maryland

LICENSE NO.

130182

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29th day of OCTOBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JOHN E WITT JR

Age 22

Birthplace

MD.

(State)

Groom's  
Residence

1178 SARGENT ST

Marital Status

SINGLE

Bride's  
Name

KRISTY J HARDESTY

Age 17

Birthplace

MD.

(State)

Bride's  
Residence

1178 SARGENT ST

Marital Status

SINGLE

Relationship to groom if any

NONE

WILLIAM G. BROWN

Name of Officiating Clergy or Authorized Officer

PASTOR- MONROE ST. UNITED METH. CHURCH

Title and Religious Denomination or Office

2434 CHRISTIAN ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

OCT 31 1985  
SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Date

OCT. 21 85

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41648

## State of Maryland

LICENSE NO.

130160

Copy for State Department of Health and Mental Hygiene

### BALTIMORE CITY (30)

*I Hereby Certify* that on the 26th day of OCTOBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>PAUL J. LOOMIS</b>	Age	<b>31</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>4221 MARY AVE.</b>	Marital Status	<b>DIVORCED</b>		
Bride's Name	<b>THERESA M. CHRISTY</b>	Age	<b>20</b>	Birthplace	<b>MD.</b>
				(State)	
Bride's Residence	<b>4702 HAZELWOOD AVE.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

License Date **OCT. 21, 85**

**BRUCE M. KELLEY**

Name of Officiating Clergy or Authorized Officer

**PASTOR- ST. LUKE EV. LUTHERAN CHURCH**

Title and Religious Denomination or Office

**7001 HARFORD RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**SAUNDRA E. BANKS, CLERK**

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41649

State of Maryland

LICENSE NO.

130241

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 25th day of OCTOBER 1985the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **GERALD LEE POWELL**Age **33** Birthplace **MD.**  
(State)Groom's Residence **3606 COTTAGE AVENUE**Marital Status **DIVORCED**Bride's Name **JACQUELINE Y. BURLEY**Age **37** Birthplace **VA.**  
(State)Bride's Residence **3606 COTTAGE AVENUE**Marital Status **DIVORCED**Relationship to groom if any **NONE**DALE G. RENLUND

Name of Officiating Clergy or Authorized Officer

License Date

BISHOP- CHURCH OF JESUS CHRIST OF LATTER DAY

Title and Religious Denomination or Office

SAINTS604 N. BOND ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41650

State of Maryland

LICENSE NO.

130148

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26th day of OCTOBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MICHAEL JEFFREY PONDER** Age **20** Birthplace **MD.**  
(State)Groom's Residence **404 HILLVIEW AVE. A.A. CO., MD.** Marital Status **SINGLE**Bride's Name **CINDY THERESA CORNELIUS** Age **19** Birthplace **MD.**  
(State)Bride's Residence **116 JUNPITER CT. A.A. CO., MD.** Marital Status **SINGLE**Relationship to groom if any **NONE****JOSEPH KRACH**

Name of Officiating Clergy or Authorized Officer

License Date **OCT 21 85****ASSOC. PASTOR- ROSE OF LIMA ROMAN CATH.**

Title and Religious Denomination or Office

**CHURCH****JW****3803 4th ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

**OCT 31 1985**

office on

License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

*Certificate of Marriage*  
*State of Maryland*

85-41651

LICENSE NO.

130097

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 24th day of OCTOBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JEFFREY S FINCH**

Age **20** Birthplace **MD.**

Groom's Residence **2903 LAKE BROOK CIRCLE**

Marital Status **SINGLE**  
 (State)

Bride's Name **MARYSOL Y VIRELLA**

Age **19** Birthplace **N.Y.**

Bride's Residence **2903 LAKE BROOK CIRCLE**

Marital Status **SINGLE**

Relationship to groom, if any  
**NONE**

**M. J. MATTHEWS**

Name of Officiating Clergy or Authorized Officer

License Date **OCT 17 1985**

**PASTOR- ZION MIRACLE TEMPLE, INC.**

Title and Religious Denomination or Office

**JW 1623 THOMAS AVENUE**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**OCT 31 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 55.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.



2

*Certificate of Marriage*  
*State of Maryland*

85-41652

LICENSE NO.

129985

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 26th day of OCTOBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

MARK T MAURER

Age 18Birthplace MD  
(State)

Groom's  
Residence

1616 E FORT AVE

Marital Status SINGLE

Bride's  
Name

JOYCE A NELSON

Age 19 Birthplace MD  
(State)

Bride's  
Residence

1616 E FORT AVE

Marital Status SINGLE

Relationship to groom if any

NONE

RICHARD E. PARKS

Name of Officiating Clergy or Authorized Officer

License Date OCT 15 85

PRIEST- HOLY CROSS CHURCH

Title and Religious Denomination or Office

110 E. WEST ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct record filed in this

office on

SAUNDRA E. BANKS, CLERK

License Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41653

## Certificate of Marriage

State of Maryland

LICENSE NO.

129870

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26th day of OCTOBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

MICHAEL R DEASEL

Age 26

Birthplace

MD.

(State)

Groom's  
Residence

3316 GARNET RD BALTO CO MD

Marital Status

SINGLE

Bride's  
Name

GLORIA J KATZENBERGER

Age 23

Birthplace

MD.

(State)

Bride's  
Residence

10020 DUNBRIDGE CIRCLE BALTO CO MD

Marital Status

SINGLE

NONE

Relationship to groom if any

JOHN T. WIELEBSKI

Name of Officiating Clergy or Authorized Officer

PRIEST- ROMAN CATHOLIC CHURCH

Title and Religious Denomination or Office

5310 HARFORD RD.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

OCT 31 1985

SAUNDRA E. BARKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41654

LICENSE NO.

129714

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 19th day of OCTOBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	VERMONT J. DEMAR	Age	36	Birthplace	MD. (State)
Groom's Residence	111 UPMANOR RD.	Marital Status	DIVORCED		
Bride's Name	SANDRA BROOKS	Age	34	Birthplace	MD. (State)
Bride's Residence	111 UPMANOR RD.	Marital Status	DIVORCED		
Relationship to groom if any	NONE				

License Date OCT 9 85

JW

WALTER THOMAS

Name of Officiating Clergy or Authorized Officer

MINISTER- BAPTIST

Title and Religious Denomination or Office

502 CATHEDRAL ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 2.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41655

State of Maryland

LICENSE NO.  
12932

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 25th day of OCTOBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	JERRY R. GIBBS	Age	35	Birthplace	MD.
Groom's Residence	2440 DRUID PARK DR.	Marital Status	SINGLE		
Bride's Name	REGINA E. BROOKS	Age	32	Birthplace	MD.
Bride's Residence	3006 SPAULDING AVE.	Marital Status	SINGLE		

Relationship to groom if any NONE

CYNTHIA B. JONES

Name of Officiating Clergyman or Authorized Officer

MINISTER- BAPTIST

Title and Religious Denomination or Office

3806 TWIN LAKES CT.

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

OCT 31 1985

License Fee \$25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41656

State of Maryland

LICENSE NO.  
129263

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (33)

I Hereby Certify that on the 11th day of OCTOBER 1985the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

RODERICK E ROBERTS JR

Age 23

Birthplace

MD.

(State)

Groom's  
Residence

2402 W LAFAYETTE AVE

Marital Status

SINGLE

Bride's  
Name

LYNDA G GORDON

Age 22

Birthplace

MD.

(State)

Bride's  
Residence

4 ST CHARLES RD A.A.CO.MD.

Marital Status

SINGLE

Relationship to groom if any

NONE

R. JONES

Name of Officiating Clergyman or Authorized Officer

PASTOR- GREATER HOPE

Title and Religious Denomination or Office

4500 SPRINGDALE AVE.

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

OCT 31 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41657

State of Maryland

LICENSE NO.

130174

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26th day of OCTOBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **WILLIAM BERNARD LONG**Age **20** Birthplace **S.C.**  
(State)Groom's Residence **1734 MORELAND AV.**Marital Status **SINGLE**Bride's Name **CARMELA ANN WRIGHT**Age **18** Birthplace **MD.**  
(State)Bride's Residence **2525 MAISEL ST.**Marital Status **SINGLE**

Relationship to groom if any

**NONE****STUART C. TURNER**

Name of Officiating Clergy or Authorized Officer

**ASSOC. MINISTER- ST. JOHN BAPTIST**

Title and Religious Denomination or Office

**2418 W. ROGERS AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on \_\_\_\_\_

**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41658

State of Maryland

LICENSE NO.

130290

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 31st day of OCTOBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **EDDIE NEWBY**Age **89** Birthplace **VA**  
(State)Groom's Residence **2409 SHIRLEY AVE**Marital Status **WIDOWER**Bride's Name **ANNIE L HARRIS**Age **79** Birthplace **VA**  
(State)Bride's Residence **1722 ASHBURTON ST**Marital Status **SINGLE**

Relationship to groom if any

**NONE****DONALD V. ADAMS**

Name of Officiating Clergy or Authorized Officer

**EVANGILIST**

Title and Religious Denomination or Office

**4824 WILLIAM AVE;**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 5 1985**License Fee \$ 25.00**Shirley L. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41659

## Certificate of Marriage

State of Maryland

LICENSE NO.

129855

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of OCTOBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>JIMMY L. BILLUPS</b>	Age	<b>20</b>	Birthplace	<b>GA.</b> (State)
Groom's Residence	<b>1328 E. LAFAYETTE AVE.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>CHARNELL L. MC GRAE</b>	Age	<b>18</b>	Birthplace	<b>WASH.D.C.</b> (State)
Bride's Residence	<b>1236 N. BROADWAY</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

License Date **OCT 4 85**  
**JW**

**WILLIE S. CHAMBERS**

Name of Officiating Clergy or Authorized Officer

**PASTOR-NEW ANTIOCH BAPT. CHURCH**

Title and Religious Denomination or Office

**1325 MAPLE AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 6 1985**  
**SABINDA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

*Certificate of Marriage*  
*State of Maryland*

85-41660

LICENSE NO.

130143

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 26th day of OCTOBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JAMES DAVID WHITAKER, JR**

Age **20** Birthplace **MD.**  
(State)

Groom's Residence **3915 EMMART AV.**

Marital Status **SINGLE**

Bride's Name **TERRI FERGUSON**

Age **19** Birthplace **MD.**  
(State)

Bride's Residence **2531 DENISON ST.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**DAVID W. SPANN, SR.**

Name of Officiating Clergy or Authorized Officer

**PASTOR- GREATER REMNANT C.O.G.T.C.**

Title and Religious Denomination or Office

**5023 GWYNN OAK AVENUE**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 6 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **OCT. 22,**

**85**

License Fee \$ **28.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

## State of Maryland

85-41661

LICENSE NO.  
130217

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

I Hereby Certify that on the 26<sup>th</sup> day of October 19 85

the following persons were by me united in marriage at Baltimore, md.  
(City or Town)  
in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>JAMES</b>	<b>GALLMAN</b>	Age	<b>30</b>	Birthplace	<b>MD.</b>
					(State)	
Groom's Residence	<b>905 N. CHESTER</b>	<b>ST.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>GERALDINE</b>	<b>CORBETT</b>	Age	<b>28</b>	Birthplace	<b>MD.</b>
					(State)	
Bride's Residence	<b>905 N. CHESTER</b>	<b>ST.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>					

License Date **OCT. 23**

85

*Toliver Perkins*

Name of Officiating Clergy or Authorized Officer

*Shining Star Baptist Church*

Title and Religious Denomination or Office

*1573 E. North Ave Balto, md.*

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 07 1985**  
**SAUNDRA E. BARRS, CLERK**

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41662

State of Maryland

LICENSE NO.

129881

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26<sup>th</sup> day of October 1985

the following persons were by me united in marriage at

Baltimore, Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JOHN

D.

MEDLEY

Age

29

Birthplace

TX.

(State)

Groom's  
Residence

1004

DARTMOUTH

RD.

Marital Status

SINGLE

Bride's  
Name

CHRISTY

L.

KUNENETZ

Age

29

Birthplace

MD.

(State)

Bride's  
Residence

6401 BLENHEIM

RD.

BALTO.CO.,MD.

Marital Status

SINGLE

Relationship to groom if any

NONE

License Date OCT. 8,

85

Name of Officiating Clergy or Authorized Officer

Fr. Myron D. Manjuk

Title and Religious Denomination or Office

Priest - Orthodox Church in America

Address of Clergy or Authorized Officer

3107 Berkshire Rd, Balto, MD 21214

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 07 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41663

State of Maryland

LICENSE NO.

129810

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26 day of October 1985

the following persons were by me united in marriage at

Baltimore, Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **EDWARD H. DAVIS, 4TH.**Age **22** Birthplace **MD.**  
(State)

Groom's

Residence **845 N. MONFORD AVE.**Marital Status **SINGLE**

Bride's

Name **MARGARET W. SMITH**Age **21** Birthplace **VA.**  
(State)

Bride's

Residence **2701 THE ALAMEDA**Marital Status **SINGLE**Relationship to groom if any **NONE**License Date **OCT. 2,****85**Rev. Ralph D. White

Name of Officiating Clergy or Authorized Officer

Pastor - New Friendship Baptist Church

Title and Religious Denomination of Office

P. O. B. of 1016

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 4 1985****SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41664

## Certificate of Marriage

State of Maryland

LICENSE NO.

129999

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 19th day of OCTOBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **RAY GARNETT SIMMONS**Age **27** Birthplace **MD.**  
(State)Groom's Residence **4 DUKE OF WINDSOR**Marital Status **SINGLE**Bride's Name **SHIRLENE OLIVIA BRAXTON**Age **25** Birthplace **MD.**  
(State)Bride's Residence **2910 CARVER ROAD**Marital Status **SINGLE**Relationship to groom if any **NONE****HENRY SIMON**

Name of Officiating Clergy or Authorized Officer

**BAPTIST**

License Date

**OCT. 14 85**

Title and Religious Denomination or Office

**823 CHERRY HILL ROAD**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

**NOV 13 1985**

office on

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$

**20.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41665

LICENSE NO.  
 130057

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 17th day of OCTOBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ROBERT L. DANIEL, JR.**

Age **29** Birthplace **N. C.**  
 (State)

Groom's Residence **1625 BOLTON STREET**

Marital Status **DIVORCED**

Bride's Name **DEBORAH M. RICKS**

Age **28** Birthplace **VA.**  
 (State)

Bride's Residence **1625 BOLTON STREET**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**EMMETT. C. BURNS**

Name of Officiating Clergy or Authorized Officer  
**PASTOR, RISING SUN FIRST BAPTIST CHURCH**

License Date **OCT. 17 85**

Title and Religious Denomination or Office

**3600 OAK AVE. BALTIMORE, MD. 21207**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 14 1985**

**SARAH E. BANKS, CLERK**

Signature — Clerk of the Court

License Fee \$ **15.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

## State of Maryland

85-41666

 LICENSE NO.  
129820

 Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

 I Hereby Certify that on the 28th day of OCTOBER 19 85

 the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)  
 in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	OSCAR R. RESEK	Age	37	Birthplace	N.Y.
					<small>(State)</small>
Groom's Residence	954 FOREST ST.	Marital Status	SINGLE		
Bride's Name	LORI ANN WHITMAN	Age	27	Birthplace	CT.
					<small>(State)</small>
Bride's Residence	2901 GEORGIA AVE.	Marital Status	SINGLE		
Relationship to groom if any	NONE				

 License Date OCT 28 85  
 JW

THEODORE A. WEBB

Name of Officiating Clergy or Authorized Officer

CLERGY- UNITARIAN UNIVERLISTIC

Title and Religious Denomination or Office

1 WEST HAMILTON ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 20.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

 This copy to be held by the Clerk of the Court, and for-  
 ward to the Division of Vital Records, State Depart-  
 ment of Health and Mental Hygiene, 201 W. Preston Street,  
 Baltimore, MD 21201, upon receipt of page 3, copy of  
 Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41667

LICENSE NO.  
 129923

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 12th day of OCTOBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>DANIEL THOMAS</b>	Age	<b>27</b>	Birthplace	<b>KANSAS</b> <small>(State)</small>
Groom's Residence	<b>29 S CALHOUN ST</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>KIM CAROL VISMALÉ</b>	Age	<b>28</b>	Birthplace	<b>N.Y.</b> <small>(State)</small>
Bride's Residence	<b>2003 FITZWARREN PL BALTO CO MD</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

**AGNES N. FIELDS**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 7 85** **BAPTIST**

Title and Religious Denomination or Office

**2508 WOODLAND AVENUE**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 7 1985**

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

tt



2

## Certificate of Marriage

85-41668

State of Maryland

LICENSE NO.

51754

Copy for State Department of Health and Mental Hygiene  
BALTIMORE CITY (30)I Hereby Certify that on the 30th day of OCTOBER 1985the following persons were by me united in marriage at BALTIMORE, MD.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **WILLIAM E. BLACKWELL**Age **43** Birthplace **VIRGINIA**  
(State)Groom's Residence **421 MOSHER STREET**Marital Status **DIVORCED**Bride's Name **MARION HUGHES MC GASKEY**Age **43** Birthplace **VIRGINIA**  
(State)Bride's Residence **421 MOSHER STREET**Marital Status **DIVORCED**Relationship to groom if any **NONE****THEODORE F. MCPHERSON**Name of Officiating Clergyman or Authorized Officer  
**PASTOR CORDTOWN CIRCUIT ALE CHURCH**Title and Religious Denomination or Office  
**6827 ALTER STREET. 21207**

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 14 1985

Signature-Clerk of the Court

License Fee - Resident \$  
Non-Resident \$

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 301 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

DUPL. #129761



2

## Certificate of Marriage

85-41669

State of Maryland

LICENSE NO.

130235

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26 day of oct. 1985the following persons were by me united in marriage at Baltimore, Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

: 13

Groom's  
Name

FRANK CLARK, JR.

Age 29 Birthplace S. C.  
(State)Groom's  
Residence

250 OAK AVENUE

Marital Status SINGLE

Bride's  
Name

SUSAN LOUISE DINGLE

Age 43 Birthplace S. C.  
(State)Bride's  
Residence

250 OAK AVENUE

Marital Status SINGLE

Relationship to groom if any NONE

Rev. Henry Davis

Name of Officiating Clergy or Authorized Officer

License Date OCT. 24 85

Pastor  
Title and Religious Denomination or Office

3634 Kenyon Ave

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 15 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

## State of Maryland

85-41670

 LICENSE NO.  
130056

 Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**
*I Hereby Certify* that on the 25th day of OCTOBER 19 85

 the following persons were by me united in marriage at LINTHICUM, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

12:03

Groom's Name	<b>STEPHEN MICHAEL MONTGOMERY</b>	Age	<b>22</b>	Birthplace	<b>MD.</b> <small>(State)</small>
Groom's Residence	<b>202 SOUTH BRIDGE DR. GLEN BURNIE, MD</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>LEILANI MARIE BLACKWELL</b>	Age	<b>20</b>	Birthplace	<b>MD.</b> <small>(State)</small>
Bride's Residence	<b>202 SOUTH BRIDGE DR. GLEN BURNIE, MD</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any		<b>NONE</b>			

**BARNEY L. LYON**

Name of Officiating Clergy or Authorized Officer

**PASTOR- CHESAPEAKE BAPT. CHURCH**

Title and Religious Denomination or Office

**105 N. CAMP MEADE RD,**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 8 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature Clerk of the Court

 License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41671

## Certificate of Marriage

State of Maryland

LICENSE NO.

129858

Copy for State Department of Health and Mental Hygiene

## BALTIMORE CITY (30)

I Hereby Certify that on the 6th day of OCTOBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>MARK A. BUTLER</b>	Age	<b>26</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>2502 EUTAW PL. APT. 6A</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>LINDA P. WRIGHT</b>	Age	<b>24</b>	Birthplace	<b>MD.</b>
				(State)	
Bride's Residence	<b>2502 EUTAW PL. APT. 6A</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

License Date **OCT. 4 85**GEORGE R. ALLEN

Name of Officiating Clergy or Authorized Officer

MINISTER - ST. PAUL A.M. CHURCH

Title and Religious Denomination or Office

5906 LEEWOOD AVENUE

Address of Clergy or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 25 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41672

LICENSE NO.  
 130385

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ANTHONY C WATTERS**

Age **26** Birthplace **MD.**  
(State)

Groom's Residence **1909 PEARLMAN PL**

Marital Status **SINGLE**

Bride's Name **DOROTHY V STEWART**

Age **26** Birthplace **MD.**  
(State)

Bride's Residence **4219 N FORT AVE**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**CHARLES E. FLETCHER**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 4, 85**

**PASTOR- PENTECOSTAL BAPTIST CHURCH**

Title and Religious Denomination or Office

**1615 POPLAR GROVE ST.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41673

State of Maryland

LICENSE NO.

130330

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ANDREW ALEXANDER HENDRICKS, JR** Age **26** Birthplace **ALABAMA**  
(State)

Groom's Residence **3633 DOLFIELD AV.** Marital Status **SINGLE**

Bride's Name **LYNNETTE MARTINA MILBURN** Age **22** Birthplace **MD**  
(State)

Bride's Residence **8 PHLOX CIRCLE. BALTO.CO., MD** Marital Status **SINGLE**

Relationship to groom if any **NONE****LORENZO GRAVES**

Name of Officiating Clergy or Authorized Officer

**PASTOR- CALVARY BAPTIST CHURCH**

Title and Religious Denomination or Office

**3502 CARSDALE AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41674

State of Maryland

LICENSE NO.  
130328

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **EDWARD S. KELLY**Age **62**Birthplace **MASS.**  
(State)

Groom's

Residence **4400 CHALET COURT**Marital Status **SINGLE**

Bride's

Name **MARIAN C. KUS**Age **57**Birthplace **MD.**  
(State)

Bride's

Residence **5510 KNEEL AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE****HENRY C. MILKOWSKI**

Name of Officiating Clergy or Authorized Officer

**PASTOR - ST. WENCESLAUS**

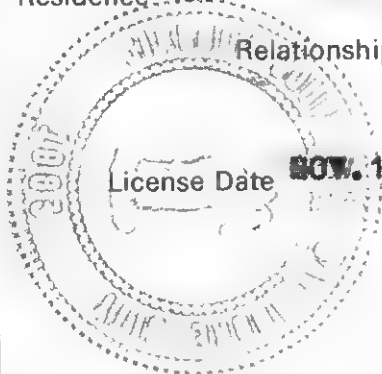
Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985****SAUNDRA E. BANKS, CLERK**  
Signature - Clerk of the CourtLicense Fee \$ 55.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41675

State of Maryland

LICENSE NO.

130180

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **MICHAEL J ROBY**Age **27** Birthplace **MD.**  
(State)Groom's  
Residence **7228 STRATTON WAY BALTO CO MD**Marital Status **DIVORCED**Bride's  
Name **MARY H FRIESNER**Age **23** Birthplace **MD.**  
(State)Bride's  
Residence **8 DEBHAMAN CT BALTO CO MD**Marital Status **SINGLE**

Relationship to groom if any

**NONE****DONALD E. BENDEWALD**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 7 85****PASTOR- BETHLEHEM LUTHERAN CHURCH**

Title and Religious Denomination or Office

**4815 HAMILTON AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

# Certificate of Marriage

## State of Maryland

85-41676

 LICENSE NO.  
130146

 Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**
*I Hereby Certify* that on the 16th day of NOVEMBER 19 85

 the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

 Groom's Name HOWARD L. HARTMAN

 Age 62 Birthplace MD.  
(State)

 Groom's Residence 106 N GLOVER ST

 Marital Status SINGLE

 Bride's Name ANNETTE HARRER

 Age 69 Birthplace MD.  
(State)

 Bride's Residence 158 N CURLEY ST

 Marital Status WIDOW

Relationship to groom if any

NONE
JOHN DIETZENBACH

Name of Officiating Clergy or Authorized Officer

PRIEST- ROMAN CATHOLIC

Title and Religious Denomination or Office

2638 E. BALTIMORE ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

 office on NOV 20 1985

 License Fee \$ 25.00
SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

 This copy to be held by the Clerk of the Court, and for-  
 ward to the Division of Vital Records, State Depart-  
 ment of Health and Mental Hygiene, 201 W. Preston Street,  
 Baltimore, MD 21201, upon receipt of page 3, copy of  
 Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41677

State of Maryland

LICENSE NO.

130016

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **RAYNARD TERRANCE BOLLING**Age **23** Birthplace **MD.**  
(State)Groom's  
Residence **4318 ELDERONE AVENUE**Marital Status **SINGLE**Bride's  
Name **BRENDA ANN VENABLE**Age **23** Birthplace **MD.**  
(State)Bride's  
Residence **31 N. CULVER STREET**Marital Status **SINGLE**Relationship to groom if any **NONE****B.A. DAWKINS**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 14 85****PASTOR- PROGRESSIVE 1st BAPTIST**

Title and Religious Denomination or Office

**9720 EUSLICO RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**NOV 20 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41678

State of Maryland

LICENSE NO.  
126697

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name DENNIS EUGENE SCHELL Age 38 Birthplace PENNSYLVANIA  
(State)  
Groom's Residence 9120 PINEY BRANCH RD, MONTGOMERY CO. Marital Status SINGLE  
Bride's Name LESLIE ALICE HEIDERMAN Age 37 Birthplace MARYLAND  
(State)  
Bride's Residence 407 ORCHARD RD., A.A. CO., MD Marital Status SINGLE  
Relationship to groom if any NONE

JOSEPH P. LETTRICH

Name of Officiating Clergy or Authorized Officer

PASTOR- ST. JOHN

Title and Religious Denomination or Office

GLEN BURNIE, MD. 21061

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 20 1985SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Date JULY 3, 85License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41679

## Certificate of Marriage

State of Maryland

LICENSE NO.

129966

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85BALTIMORE CITYthe following persons were by me united in marriage at \_\_\_\_\_  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JOHN G ROCKER**Age **21** Birthplace **MD.**

(State)

Groom's Residence **14 COUNCILMAN AVE BALTO CO MD**

Marital Status

**SINGLE**Bride's Name **ELISE A RICE**Age **19** Birthplace **MD.**

(State)

Bride's Residence **5502 GERLAND AVE**Marital Status  
**NONE****SINGLE**

Relationship to groom if any

**LAWRENCE J. GESY**

Name of Officiating Clergy or Authorized Officer

License Date

**OCT 9 85****ASSOCIATE PASTOR- OUR LADY OF VICTORY**

Title and Religious Denomination or Office

**4414 WILKENS AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 21 1985****SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41680

## Certificate of Marriage

State of Maryland

LICENSE NO.

130206

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1st day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JOHN P CEFALU

Age 36

Birthplace

MD.

(State)

Groom's  
Residence

2709 CHESTERFIELD AVE

Marital Status

DIVORCED

Bride's  
Name

HELYNE A FOX

Age 35

Birthplace

WASH DC

(State)

Bride's  
Residence

2709 CHESTERFIELD AVE

Marital Status

DIVORCED

Relationship to groom if any

NONE

License Date OCT 23 85ROBERT T. WOODWORTH

Name of Officiating Clergy or Authorized Officer

PASTOR - CHRIST & COUNTRY CHURCH

Title and Religious Denomination or Office

6020 OLD HARFORD RD.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 4 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41681

## State of Maryland

LICENSE NO.

130389

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 9th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

CLARENCE H MILLER

Age 33

Birthplace

N CAR

(State)

Groom's  
Residence

1028 EVESHAM AVE

Marital Status

DIVORCED

Bride's  
Name

RUTH ANN MC CARGISH

Age 34 Birthplace

W VA

(State)

Bride's  
Residence

1031 EVESHAM AVE

Marital Status

SINGLE

Relationship to groom if any

NONE

EDGAR T. HUTTON

Name of Officiating Clergy or Authorized Officer

MINISTER- NORTHSIDE BAPTIST CHURCH

Title and Religious Denomination or Office

1100 E. NORTHERN PKWY.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 21 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41682

State of Maryland

LICENSE NO.

130452

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **FRANK A DE MASI**Age **64** Birthplace **N.Y.**  
(State)Groom's Residence **2607 KENTUCKY AVE**Marital Status **WIDOWER**Bride's Name **ANNE C SHIMANEK**Age **60** Birthplace **VA**  
(State)Bride's Residence **2607 KENTUCKY AVE**Marital Status **WIDOW**  
**NONE**

Relationship to groom if any

TIMOTHY PASEK

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 12 85**PRIEST-ROMAN CATHOLIC

Title and Religious Denomination or Office

2854 BRENDAN AVE.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 21 1985****SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41683

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 130483

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16th day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ROBERT KEVIN BECKER**

Age **21** Birthplace **MD.**  
(State)

Groom's Residence **5804 MOORES RUN COURT**

Marital Status **SINGLE**

Bride's Name **STEPHANIE LYNN CANBY**

Age **18** Birthplace **MD.**  
(State)

Bride's Residence **9206 SWIVEN PL. BALTO. CO., MD.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**WILLIAM P. FOLEY**

Name of Officiating Clergy or Authorized Officer

**PRIEST - ROMAN CATHOLIC**

Title and Religious Denomination or Office

**4414 FRANKFORD AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 21 1985**  
**SAUNDRA E. BANKS, CLERK**

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

TT



2

*Certificate of Marriage*  
*State of Maryland*

85-41684

LICENSE NO.  
 129773

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

I Hereby Certify that on the 3 day of November 1985  
 the following persons were by me united in marriage at Baltimore, Md.  
 (City or Town)  
 in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JOHN FITZGERALD GREENE**

Age **21** Birthplace **MD.**  
 (State)

Groom's Residence **1615 N. CAROLINE ST.**

Marital Status **SINGLE**

Bride's Name **ROSE MARIA BANKS**

Age **22** Birthplace **MD.**  
 (State)

Bride's Residence **1615 N. CAROLINE ST.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

License Date **SEPT. 30 85**

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

**NOV 27 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

tt

2

85-41685

## Certificate of Marriage

State of Maryland

LICENSE NO.

130042

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23 day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DOUGLAS FARBMAN** Age **27** Birthplace **MD.**  
(State)

Groom's Residence **30 STOCKMILL RD. BALTO. CO., MD.** Marital Status **SINGLE**

Bride's Name **ANDREA GOREN** Age **23** Birthplace **MD.**  
(State)

Bride's Residence **30 STOCKMILL RD. BALTO. CO., MD.** Marital Status **SINGLE**

Relationship to groom if any **NONE**

License Date **OCT. 17 85****JOEL H. ZAIMAN**

Name of Officiating Clergy or Authorized Officer

**RABBI- JEWISH**

Title and Religious Denomination or Office

**8100 STEVENSON RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**NOV 27 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41686

## Certificate of Marriage

State of Maryland

LICENSE NO.

130320

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **WILLIAM J ZUPANCIC**Age **43** Birthplace **OHIO**

(State)

Groom's Residence **2109 CIDER MILL RD BALTO CO MD**Marital Status **SINGLE**Bride's Name **JILL W GRIMMER**Age **39** Birthplace **MD.**

(State)

Bride's Residence **2109 CIDER MILL RD BALTO CO MD**Marital Status **SINGLE****NONE**

Relationship to groom if any

**STEVEN C. TICKNOR**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 31** **85****PRIEST- ROMAN CATHOLIC**

Title and Religious Denomination or Office

**714 MYRTLE AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 27 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41687

## State of Maryland

LICENSE NO.

130601

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 24th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ELMER E. SMITH**

Age **59** Birthplace **MD.**  
(State)

Groom's Residence **9811 LANGS RD. BALTO.CO.,MD.**

Marital Status **WIDOWER**

Bride's Name **BETTY D. SURRATT**

Age **58** Birthplace **MD.**  
(State)

Bride's Residence **9811 LANGS RD. BALTO.CO.,MD.**

Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**SAMUEL B. HAYNIE**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 18,**

**85 PASTOR- EAST BALTIMORE CHURCH OF GOD**

Title and Religious Denomination or Office

**2043 EAST BALTIMORE ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 27 1985**

License Fee \$ **25 00**

**SAUNDRA E. BANKS, CLERK**  
Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41688

LICENSE NO.

130627

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 22nd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>BRIAN DOUGLAS RICHARDSON</b>	Age	<b>25</b>	Birthplace	<b>MD.</b>
Groom's Residence	<b>7 BEXLEIGH CT. BALTO.CO.,MD.</b>	Marital Status			<b>SINGLE</b>
Bride's Name	<b>JANICE MARIE GOULART</b>	Age	<b>24</b>	Birthplace	<b>WASH.D.C.</b>
Bride's Residence	<b>P.O. BOX 468 QUEEN ANNE CO.,MD.</b>	Marital Status			<b>SINGLE</b>
Relationship to groom if any	<b>NONE</b>				

DAVID SCHELL

Name of Officiating Clergy or Authorized Officer

PASTOR- S B C

Title and Religious Denomination or Office

2507 LAMPOST LANE

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 27 1985

SAUNDRA E. BARKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41689

State of Maryland

LICENSE NO.

129514

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY

I Hereby Certify that on the 23rd day of November 19 85the following persons were by me united in marriage at Baltimore, md  
in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **JAMES T. PAYNE**Age **23** Birthplace **NE.**

(State)

Groom's

Residence **4105 AUDREY AVENUE**Marital Status **SINGLE**

Bride's

Name **CATHERINE LEE SCHULTZ**Age **24** Birthplace **MD.**

(State)

Bride's

Residence **4105 AUDREY AVENUE**Marital Status **SINGLE**

methodist

Relationship to groom if any **NONE**License Date **SEPT 18**

85

Name of Officiating Clergyman or Authorized Officer

*Rev. Mark L. Boling**Pastor Brooklyn Methodist Ch.*

Title and Religious Denomination of Office

*401 Pontiac Ave - Baltimore.*

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 26 1985**License Fee - Resident **\$25.00**  
Non-Resident **\$**

Signature-Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41690

State of Maryland

LICENSE NO.

130304

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **LEON NATHANIEL STANLEY, JR.** Age **28** Birthplace **MD.**  
(State)

Groom's Residence **5606 MC CLEAN BLVD.** Marital Status **SINGLE**

Bride's Name **BARBARA JEAN PERRY** Age **34** Birthplace **MD.**  
(State)

Bride's Residence **5606 MC CLEAN BLVD.** Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**LEVESTER WADDY**License Date **OCT. 30 85**Name of Officiating Clergy or Authorized Officer  
**PASTOR- XHRIST TEMPLE CHURCH**Title and Religious Denomination or Office  
**2117 PENNSYLVANIA AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 55.70**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41691

LICENSE NO.  
 130511

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 19th day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **NATHANIEL C. JACKSON**

Age **35** Birthplace **MD.**  
(State)

Groom's Residence **721 GLENWOOD AV.**

Marital Status **SINGLE**

Bride's Name **BARBARA LEE WHITE**

Age **46** Birthplace **MD.**  
(State)

Bride's Residence **1721 W. LEXINGTON ST.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**ERNEST WOOTEN, JR.**

Name of Officiating Clergy or Authorized Officer

**PASTOR- SILOOM BAPTIST CHURCH**

Title and Religious Denomination or Office

**4116 NORFOLK AVENUE**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on **SAUNDRA E. BANKS, CLERK**

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41692

State of Maryland

LICENSE NO.

129720

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JOHN THOMAS FITZPATRICK**Age **32** Birthplace **MD.**  
(State)Groom's Residence **2120 OAK LODGE RD. BALTO. CO., MD.**Marital Status **DIVORCED**Bride's Name **CAROL ANN ALBANESE**Age **33** Birthplace **MD.**  
(State)Bride's Residence **196 NEWBURG AV. BALTO. CO., MD**Marital Status **DIVORCED**Relationship to groom if any **NONE****RECEIVED**License Date **SEPT. 27** **85****KENNETH WALSH**

Name of Officiating Clergy or Authorized Officer

**ASSOC. PASTOR- ROMAN CATHOLIC**

Title and Religious Denomination or Office

**3800 FREDERICK AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on **NOV 26 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41693

State of Maryland

LICENSE NO.

129801

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 22nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **GARY L. WATSON** Age **29** Birthplace **VA.**  
(State)Groom's Residence **6306 LIBERTY RD. BALTO. CO., MD.** Marital Status **SINGLE**Bride's Name **CATHERINE D. FORTUNE** Age **34** Birthplace **MD.**  
(State)Bride's Residence **12 MOUNT BATTEN CT. BALTO. CO., MD.** Marital Status **DIVORCED**Relationship to groom if any **NONE****PAUL WEINSTEIN**

Name of Officiating Clergy or Authorized Officer

**PASTOR- OUR SAVIOUR LUTHERAN CHURCH**

Title and Religious Denomination or Office

**3301 THE ALAMEDA**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 26 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00**RECEIVED**  
OCT 28 1985

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41694

## Certificate of Marriage

State of Maryland

LICENSE NO.

129866

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 10th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

SAMUEL M EGORIN

Age 39

Birthplace

MD.

(State)

Groom's  
Residence

2826 DAMASCUS CT

Marital Status

DIVORCED

Bride's  
Name

DIANE L SACHS

Age 30

Birthplace

MD.

(State)

Bride's  
Residence

2826 DAMASCUS CT

Marital Status

SINGLE

Relationship to groom if any

NONE

**RECEIVED**License Date OCT. 18, 85

JAMES R. BLEYBERG

Name of Officiating Clergy or Authorized Officer

RABBI

Title and Religious Denomination or Office

7401 PARK HEIGHTS AVE.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41695

State of Maryland

LICENSE NO.

130696

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 22nd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **LOUIS THEODORE WILLIAM CHRISTIAN** Age **17** Birthplace **MD.**  
(State)Groom's Residence **29 DUMMURRAY WAY. BALTO.CO.,MD** Marital Status **SINGLE**Bride's Name **KATHY LEE SHAFFER** Age **17** Birthplace **MD.**  
(State)Bride's Residence **29 DUMMURRAY WAY. BALTO.CO.,MD** Marital Status **SINGLE**Relationship to groom if any **NONE**SAMUEL B. HAYNIE

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 22 85**PASTOR- EAST BALTIMORE CHURCH OF GOD

Title and Religious Denomination or Office

2043 EAST BALTIMORE ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 25 1985**

License Fee \$

25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41696

LICENSE NO.  
 130283

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 15th day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **PAUL BELL COLEGROBE**

Age **25** Birthplace **MD.**  
(State)

Groom's Residence **1835 N. FOREST CT.**

Marital Status **SINGLE**

Bride's Name **DE CHANTAL PAIGE SEIPP**

Age **23** Birthplace **MD.**  
(State)

Bride's Residence **1835 N. FOREST CT.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOHN F. LABOON**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 28 85**

**PRIEST- ROMAN CATHOLIC**

Title and Religious Denomination or Office

**ST. ALPHONSUS CHURCH, 10800 OLD COURT RD**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 22 1985**

License Fee \$ **25.00**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41697

State of Maryland

LICENSE NO.

128738

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 16th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **TIMOTHY STUART MICKEY** Age **26** Birthplace **MD.**  
(State)

Groom's Residence **8932 SATYR HILL RD. BALTO. CO., MD.** Marital Status **SINGLE**

Bride's Name **LISA MARIE HALL** Age **24** Birthplace **MD.**  
(State)

Bride's Residence **2608 AMBLER RD. BALTO. CO., MD.** Marital Status **SINGLE**

Relationship to groom if any **NONE**

BRUCE M. KELLEY

Name of Officiating Clergyman or Authorized Officer

PASTOR- ST. LUKE EV. LUTHERAN CHURCH

Title and Religious Denomination or Office

7001 HARFORD RD.

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 22 1985

License Fee \$25.00

SAUNDRA E. BANKS, CLERK

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41698

## Certificate of Marriage

State of Maryland

LICENSE NO.

130440

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 17th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>VICTOR N. HUDSON, SR.</b>	Age	<b>38</b>	Birthplace	<b>VA.</b> (State)
Groom's Residence	<b>907 LEMMON ST.</b>	Marital Status	<b>DIVORCED</b>		
Bride's Name	<b>SHIRLEY A. MITCHELL</b>	Age	<b>38</b>	Birthplace	<b>WASH. ST.</b> (State)
Bride's Residence	<b>314 S. BRUCE ST.</b>	Marital Status	<b>SINGLE</b>		

Relationship to groom if any **NONE****RODNEY R. RUSH**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 7 85****PASTOR- CHURCH OF GOD OF THE BIBLE**

Title and Religious Denomination or Office

**3300 ENGLISH CONSUL AVE.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true and correct copy of a record filed in this

office on

**NOV 22 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41699

## Certificate of Marriage

State of Maryland

LICENSE NO.  
130590

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 19th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name JONATHAN JOEL WOODWORTHAge 30 Birthplace MINNESOTA  
(State)Groom's Residence 8928 SATYRHILL RD. BALTO.CO.,MDMarital Status SINGLEBride's Name THERESA LYNN REILLYAge 29 Birthplace MARYLAND  
(State)Bride's Residence 813 W. JARRETTVILLE RD. HARFORD CO.,MD Marital Status DIVORCEDRelationship to groom if any NONEROBERT T. WOODWORTH

Name of Officiating Clergy or Authorized Officer

License Date NOV. 18 85PASTOR - CHRIST & COUNTRY CHURCH

Title and Religious Denomination or Office

6020 OLD HARFORD RD.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 22 1985License Fee \$ 2.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41700

State of Maryland

LICENSE NO.  
128111

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 24th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name MARK E. MARTINAge 33 Birthplace N.Y.

(State)

Groom's Residence 301 WARREN AVE.Marital Status SINGLEBride's Name TOBY L. DITZAge 34 Birthplace N.Y.

(State)

Bride's Residence 301 WARREN AVE.Marital Status DIVORCEDRelationship to groom if any NONEGRETCHEN VAN UTT

Name of Officiating Clergy or Authorized Officer

MINISTER- UNITED CHURCH OF CHRIST

Title and Religious Denomination or Office

License Date SEPT. 25 85

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 25 1985

License Fee \$

25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41701

State of Maryland

LICENSE NO.

123513

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (201)

I Hereby Certify that on the 22nd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name ROBERT G. WOOD

Age 61 Birthplace MD.  
(State)

Groom's Residence 1329 ROLAND HGTS. AVE.

Marital Status WIDOWER

Bride's Name ALICE L. MC ELVANY

Age 50 Birthplace MD.  
(State)

Bride's Residence 1602 HARTSDALE RD.

Marital Status WIDOW

Relationship to groom if any NONE

RUTH A. RUSSELL

Name of Officiating Clergyman or Authorized Officer

PASTOR- ROLAND AVE. EVERGREEN U M C

Title and Religious Denomination or Office

4228 FALLS RD.

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 25 1985

License Fee Resident \$25.00  
Non-Resident \$

PAUL BANKS, CLERK

Signature-Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41702

State of Maryland

LICENSE NO.

129986

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 15th day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **FREDDY L. LAWSON**

Age **36** Birthplace **GA.**  
(State)

Groom's Residence **5707 ADLEIGH AV.**

Marital Status **DIVORCED**

Bride's Name **CECILIA DULAY ESTIGOY**

Age **38** Birthplace **PHILIPPINES**  
(State)

Bride's Residence **1505 LONGQUARTER CT. BALTO.CO.,MD**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**MAURICE J. BLACKWELL**

Name of Officiating Clergy or Authorized Officer

**MINISTER-ST. EDWARD'S R.C. CHURCH**

Title and Religious Denomination or Office

**901 POPLAR GROVE ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 25 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 35.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41703

## State of Maryland

LICENSE NO.

130038

Copy for State Department of Health and Mental Hygiene

### BALTIMORE CITY (30)

*I Hereby Certify* that on the 23rd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MARTIN G KERSSE**

Age **28** Birthplace **PA.**  
(State)

Groom's Residence **5133 GREENWICH AVE**

Marital Status **SINGLE**

Bride's Name **JUDITH A GAHAGAN**

Age **23** Birthplace **MD.**  
(State)

Bride's Residence **2 HARLOW CT BALTO CO MD**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOSEPH M. O'MEARA**

Name of Officiating Clergy or Authorized Officer

License Date

**OCT 18 85**

**JW**

**PASTOR- S S PHILIP & JAMES CHURCH**

Title and Religious Denomination or Office

**2801 N. CHARKES ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 25 1985**

License Fee \$ 55.00

**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41704

State of Maryland

LICENSE NO.

130439

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name MELVIN T DORSEYAge 24 Birthplace MD.  
(State)Groom's Residence 4217 COON. AVEMarital Status SINGLEBride's Name DONNA L BROWNAge 25 Birthplace MD.  
(State)Bride's Residence 3347 PAINE STMarital Status NONE

Relationship to groom if any

BERTRAN E. BOTTIRILL

Name of Officiating Clergy or Authorized Officer

License Date NOV. 7 85 PASTOR- WOODBERRY BIBLE CHURCH

Title and Religious Denomination or Office

tt

2170 DRUID PK. DR.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 25 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41705

LICENSE NO.

130441

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOV 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

MELVIN FENNER

Age 28

Birthplace

MD.

(State)

Groom's  
Residence

518 E 23RD ST

Marital Status

SINGLE

Bride's  
Name

SARAH A RUSSELL

Age 25

Birthplace

VA.

(State)

Bride's  
Residence

518 E 23RD ST

Marital Status

DIVORCED

Relationship to groom if any

NONE

ARTHUR R C BOONE

Name of Officiating Clergy or Authorized Officer

License Date NOV. 8 85

PASTOR RESSURESTION C C CHURCH

Title and Religious Denomination or Office

3510 CLYTON AVE.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 25 1985

License Fee \$ 25.00

SANDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41706

## Certificate of Marriage

State of Maryland

LICENSE NO.

130618

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 22nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **KEVIN F. FENWICK**Age **21** Birthplace **MD.**  
(State)Groom's Residence **2521 W. COLDSRING LA.**Marital Status **SINGLE**Bride's Name **RHONDA A. YOUNG**Age **30** Birthplace **MD.**  
(State)Bride's Residence **619 EDGEWOOD ST.**Marital Status **SINGLE**Relationship to groom if any **NONE****ISIAH B? CLARK**

Name of Officiating Clergy or Authorized Officer

**ASS'T. PASTOR- ANTIOCH BAPT. CHURCH**

Title and Religious Denomination or Office

**5632**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 25 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41707

State of Maryland

LICENSE NO.

129635

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

STEPHEN B SCHULER

Age 25

Birthplace

MD.  
(State)Groom's  
Residence

906 HARDEN CT

Marital Status

SINGLE

Bride's  
Name

MEGAN A SETH

Age 23

Birthplace

CONN  
(State)Bride's  
Residence

15734 FALLS RD BALTO CO MD

Marital Status

SINGLE

Relationship to groom if any

NONE

PAUL G. COOK

Name of Officiating Clergy or Authorized Officer

PRIEST-ROMAN CATHOLIC

Title and Religious Denomination or Office

101 CHURCHLANE

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

RECEIVED  
License Date OCT. 23 85

NOV. 26 1985

CIRCUIT COURT  
FOR BALTIMORE CITY

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41708

State of Maryland

LICENSE NO.

129201

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 22nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

ROBERT J LONDON

Age 30

Birthplace

MD.

(State)

Groom's  
Residence

408 N ROBINSON ST

Marital Status

SINGLE

Bride's  
Name

MARY A RONDO

Age 27

Birthplace

MD.

(State)

Bride's  
Residence

3400 MAYFIELD AVE

Marital Status

SINGLE

Relationship to groom if any

NONE

JOHN DIEZENBACH

Name of Officiating Clergyman or Authorized Officer

PRIEST-ROMAN CATHOLIC

Title and Religious Denomination or Office

2638 E. BALTIMORE ST.

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985

License Fee

\$25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41709

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 130293

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at Balti. Md.  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>LAWRENCE WAYNE ENGLE</b>	Age	<b>32</b>	Birthplace	<b>MD.</b> (State)
Groom's Residence	<b>8310 HARPS CT. A.A. CO., MD.</b>	Marital Status	<b>DIVORCED</b>		
Bride's Name	<b>BRENDA GAIL FOSTER</b>	Age	<b>30</b>	Birthplace	<b>MD.</b> (State)
Bride's Residence	<b>8310 HARPS CT. A.A. CO., MD.</b>	Marital Status	<b>DIVORCED</b>		
Relationship to groom if any	<b>NONE</b>				

License Date

NOV 1 1985

JW

Edwin Schell  
 Name of Officiating Clergy or Authorized Officer

Minister  
 Title and Religious Denomination or Office

112 W. Conway ST  
 Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-25-85

**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Fee \$ 26.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41710

## State of Maryland

 LICENSE NO.  
129992

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**
*I Hereby Certify* that on the 20th day of NOVEMBER 1985
BALTIMORE CITY

 the following persons were by me united in marriage at \_\_\_\_\_  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

 Groom's  
Name **DAVID H. SHIREY**

 Age **20** Birthplace **PA.**  
(State)

 Groom's  
Residence **2967 KESWICK RD.**

 Marital Status **SINGLE**

 Bride's  
Name **JANICE FULTON**

 Age **23** Birthplace **MD.**  
(State)

 Bride's  
Residence **1017 WEST 37TH. ST.**

 Marital Status **SINGLE**

 Relationship to groom if any **NONE**
**DAVID W. RIMBACH**

Name of Officiating Clergy or Authorized Officer

**MINISTER- UNITED METH. CHURCH**

Title and Religious Denomination or Office

**3449 FALLS RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

 office on **NOV 26 1985**
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date

 License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41711

## Certificate of Marriage

State of Maryland

LICENSE NO.  
130126

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **JAMES L. ZURABLE**Age **44** Birthplace **MD.**  
(State)Groom's  
Residence **2504 MARYLAND AVENUE**Marital Status **DIVORCED**Bride's  
Name **MARY R. KUGEL**Age **45** Birthplace **MD.**  
(State)Bride's  
Residence **2504 MARYLAND AVENUE**Marital Status **DIVORCED**Relationship to groom if any **NONE****ROBERT HENRY BROOKMAN**

Name of Officiating Clergy or Authorized Officer

**ELDER- UNITED METH.**

Title and Religious Denomination or Office

**3403 GOUGH ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 26 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **OCT. 21, 85**License Fee \$ **25.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41712

State of Maryland

LICENSE NO.

130257

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23<sup>rd</sup> day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DESSIE LEE BURNETTE**Age **32** Birthplace **GA.**  
(State)Groom's Residence **936 TRURO LANE**Marital Status **SINGLE**Bride's Name **ROMONA R. WILLIAMS**Age **31** Birthplace **GA.**  
(State)Bride's Residence **3012 FAIRVIEW RD. BALTO. CO., MD.** Marital Status **SINGLE**Relationship to groom if any **NONE****EUGENE MITCHELL**

Name of Officiating Clergy or Authorized Officer

**MINISTER-**License Date **OCT. 28 85**

Title and Religious Denomination or Office

**147 JONES ST. CARTERSVILLE, GA.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**NOV 26 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41713

## Certificate of Marriage

State of Maryland

LICENSE NO.

130305

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ROBERT DONALD STRAW, JR.** Age **28** Birthplace **MD.**  
(State)Groom's Residence **1813 PIONEER CT. A.A. CO., MD.** Marital Status **SINGLE**Bride's Name **BONNIE ANN JONES** Age **24** Birthplace **MD.**  
(State)Bride's Residence **1813 PIONEER CT. A.A. CO., MD.** Marital Status **SINGLE**Relationship to groom if any **NONE****MARK R. BOLING**License Date **NOV. 20/ 85**Name of Officiating Clergy or Authorized Officer  
**PASTOR- BROOKLYN UNITED METH. CHURCH**Title and Religious Denomination or Office  
**401 PONTIAC AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on **NOV 26 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41714

State of Maryland

LICENSE NO.

130337

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **GARRY ROBERT BOLAN** Age **32** Birthplace **MD.**  
(State)

Groom's Residence **8008 YELLOWSTONE RD. BALTO. CO., MD.** Marital Status **SINGLE**

Bride's Name **CHARLOTTE MABEL STUBBS** Age **29** Birthplace **MD.**  
(State)

Bride's Residence **6222 THE ALAMEDA** Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOHN R. SABATELLI**

Name of Officiating Clergy or Authorized Officer

**PASTOR- LUTHERAN CHURCH IN AMERICA**

Title and Religious Denomination or Office

**CHARLES & HILL STS.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985

License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41715

## Certificate of Marriage

State of Maryland

LICENSE NO.

130338

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 22nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	MARK ANDREW WARNER	Age	33	Birthplace	MD.
					(State)
Groom's Residence	317 STEMMERS RD. BALTO. CO., MD.	Marital Status	DIVORCED		
Bride's Name	MARY MARGARET BENZING	Age	27	Birthplace	MD.
					(State)
Bride's Residence	317 STEMMERS RD. BALTO. CO., MD.	Marital Status	SINGLE		

Relationship to groom if any NONEANTHONY WARNER

Name of Officiating Clergy or Authorized Officer

License Date NOV. 6 85PRIEST- CATHOLIC PARISH

Title and Religious Denomination or Office

6420 E. PRATT ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985  
SAUNDRA E. BANKS, CLERKLicense Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41716

## Certificate of Marriage

State of Maryland

LICENSE NO.

130348

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JOSEPH G MASSONI

Age 26 Birthplace MD.  
(State)Groom's  
Residence

4612 ELSRODE AVE

Marital Status SINGLEBride's  
Name

SHERRY L HARMONY

Age 22 Birthplace MD.  
(State)Bride's  
Residence

3039 ARIZONA AVE BALTO CO MD

Marital Status SINGLERelationship to groom if any NONE

WILLIAM F. BURKE

Name of Officiating Clergy or Authorized Officer

PASTOR- ST. FRANCIS OF ASSISI R C CHURCH

Title and Religious Denomination or Office

3615 SHARFORD RD.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41717

State of Maryland

LICENSE NO.

130377

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **FRANK A. FAZIO**Age **30** Birthplace **MD.**  
(State)Groom's Residence **8764 CLOUDLEAP CT. HOWARD CO., MD.** Marital Status **SINGLE**Bride's Name **ROSE M. SAINTSING**Age **23** Birthplace **MD.**  
(State)Bride's Residence **8764 CLOUDLEAP CT. HOWARD CO., MD.** Marital Status **SINGLE**Relationship to groom if any **NONE****JOHN O'TOOLE**

Name of Officiating Clergy or Authorized Officer

**PRIEST- ROMAN CATHOLIC**

Title and Religious Denomination or Office

**6420 E. PRATT ST.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 26 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **NOV. 7 85**

tt

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41718

LICENSE NO.

130411

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

*I Hereby Certify* that on the 23rd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DAVID PAUL GERMAN**

Age **24** Birthplace **MD.**  
(State)

Groom's Residence **3909 BREHMS LANE**

Marital Status **SINGLE**

Bride's Name **DOREEN THERESA MEYERS**

Age **23** Birthplace **MD.**  
(State)

Bride's Residence **2807 OVERLAND AVENUE**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**MARTIN H. DEMEK**

Name of Officiating Clergy or Authorized Officer

85

**ASSOC. PASTOR-LITTLE FLOWER R.C. CHURCH**

Title and Religious Denomination or Office

**2854 BRENDAN AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 26 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41719

LICENSE NO.

130462

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 23rd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

**PARIS JERROD SINGLETARY**

Age **28**

Birthplace **TEXAS**  
(State)

Groom's  
Residence

**3402 JO ANNE DR. BALTO. CO., MD**

Marital Status **SINGLE**

Bride's  
Name

**MICHELLE ANNE DOUGLAS**

Age **25**

Birthplace **NEW YORK**  
(State)

Bride's  
Residence

**3402 JO ANNE DR. BALTO. CO., MD**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**J. LUTHER CARROLL**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 21 85**

**PASTOR-CHRISTIAN LIFE CHURCH**

Title and Religious Denomination or Office

**6605 LIBERTY RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 26 1985**

License Fee \$ 3.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41720

## Certificate of Marriage

State of Maryland

LICENSE NO.

130468

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name JEFFERY A. MARINAge 30 Birthplace MD.  
(State)

Groom's

Residence 122 RIVERSIDE RD. BALTO. CO., MD.Marital Status SINGLE

Bride's

Name LYNN M. DRYMALAAge 27 Birthplace MD.  
(State)

Bride's

Residence 7911 GRAYHAVEN RD. BALTO. CO., MD.Marital Status SINGLERelationship to groom if any NONEJOHN DIETZENBACH

Name of Officiating Clergy or Authorized Officer

License Date NOV 1285 PRIEST- ROMAN CATHOLIC

Title and Religious Denomination or Office

JW

2638 E. BALTIMORE ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00NOV 26 1985  
SAUNDRA E. BANKS, CLERK  
Signature - Clerk of the Court

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41721

State of Maryland

LICENSE NO.

130512

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name DANIEL ADAM FULLER Age 24 Birthplace FLA.  
(State)Groom's  
Residence 8831 PENNSBURY PL. BALTO. CO., MD. Marital Status SINGLEBride's  
Name SHARON ANN BENTLEY Age 25 Birthplace MD.  
(State)Bride's  
Residence 8831 PENNSBURY PL. BALTO. CO., MD. Marital Status DIVORCEDRelationship to groom if any NONECALVIN L. HUDSON

Name of Officiating Clergy or Authorized Officer

PASTOR- SECOND & FOURTH BAPT. CHURCH

Title and Religious Denomination or Office

414 N. LUZERNE AVE.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41722

State of Maryland

LICENSE NO.

130526

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **BRUCE D. MYER**Age **23** Birthplace **MD.**  
(State)Groom's  
Residence **2760 PELHAM AVENUE**Marital Status **SINGLE**Bride's  
Name **SHERRIE L. SULLENS**Age **21** Birthplace **MD.**  
(State)Bride's  
Residence **2885 PELHAM AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE****GEORGE A. RESTREPO**

Name of Officiating Clergy or Authorized Officer

**ASSOC. PASTOR- ROMAN CATHOLIC**

Title and Religious Denomination or Office

**2854 BRENDAN AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 26 1985****SAUNDRA E. BARRS, CLERK**

Signature - Clerk of the Court

License Date **NOV. 14,** **85**License Fee \$ **25.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41723

## Certificate of Marriage

State of Maryland

LICENSE NO.

130546

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name FREDERICK W. HASTY Age 47 Birthplace VA.  
(State)

Groom's Residence 2708 EDMONDSON AVE. Marital Status WIDOWER

Bride's Name BESSYE M. BEST Age 48 Birthplace N. CAR.  
(State)

Bride's Residence 501 E. PRESTON ST. APT. 119 Marital Status SINGLE

Relationship to groom if any NONE

TOMMIE L. JENKINS

Name of Officiating Clergy or Authorized Officer

License Date NOV. 15 85MINISTER

Title and Religious Denomination or Office

1821 N. AISQUITH ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41724

## Certificate of Marriage

State of Maryland

LICENSE NO.

130548

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **JOHN R. KRAFT, JR**Age **40** Birthplace **MD.**  
(State)Groom's  
Residence **793 POWHATAN BEACH RD. A.A.CO., MD** Marital Status **DIVORCED**Bride's  
Name **ANNA ROMBERGER** Age **30** Birthplace **MD.**  
(State)Bride's  
Residence **793 POWHATAN BEACH RD. A.A.CO., MD** Marital Status **DIVORCED**Relationship to groom if any **NONE****CONSTANTINE M. MONIOS**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 15, 85****DEAN- GREEK ORTHODOX CATHEDRAL**

Title and Religious Denomination or Office

**24 W. PRESTON ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 26 1985**License Fee \$ 3.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41725

## Certificate of Marriage

State of Maryland

LICENSE NO.  
130560

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name KERMIT MARK EARLESAge 29 Birthplace MD:  
(State)Groom's Residence 3319 ACTON RD. BALTO.CO.,MDMarital Status SINGLEBride's Name KAREN MARIE ALLENAge 32 Birthplace HAWAII  
(State)Bride's Residence 322 WILSON BLVD. A.A.CO.,MDMarital Status DIVORCEDRelationship to groom if any NONEGREALD EARLES

Name of Officiating Clergy or Authorized Officer

License Date NOV 19 85CHAPLAIN-U S A CHURCH OF THE NAZARENE

Title and Religious Denomination or Office

JW201 C PENCE ST. FORT HAMILTON, BROOKLYN,

Address of Clergy or Authorized Officer

N.Y.

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985  
SAUNDRA E. BANKS, CLERKLicense Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41726

## Certificate of Marriage

State of Maryland

LICENSE NO.

130562

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name FRANK JOSEPH WILSONAge 26 Birthplace MD.  
(State)

Groom's

Residence 13-B TENTMILL LN. BALTO.CO., MDMarital Status SINGLE

Bride's

Name REGINA MARIE PULIGNANIAge            Birthplace MD.  
(State)

Bride's

Residence 2226 PELHAM AV.Marital Status SINGLERelationship to groom if any NONEWILLIAM F. BURKE

Name of Officiating Clergy or Authorized Officer

License Date

NOV 15 85PASTOR- ST. FRANCIS & ASSISI R C CHURCH

Title and Religious Denomination or Office

3615 HARFORD RD.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985License Fee \$ 25.00SAUNDRA E. BINKS, CLERK  
Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

✓

## Certificate of Marriage

85-41727

State of Maryland

LICENSE NO.

130573

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ADNAN NAEEMA BASIT**Age **25** Birthplace **DOHA(QATAR)**  
(State)Groom's Residence **1403 MCHENRY ST.**Marital Status **SINGLE**Bride's Name **KIMBERLY ANN ZILER**Age **25** Birthplace **MD.**  
(State)Bride's Residence **1403 MCHENRY ST.**Marital Status **SINGLE**Relationship to groom if any **NONE****W. JACK BUSSARD**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 18 85****PASTOR-**

Title and Religious Denomination or Office

TT

**525 SCOTT ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on **NOV 26 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41728

## Certificate of Marriage

State of Maryland

LICENSE NO.

130580

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<u>SAMUEL L. GRAFFIOUS, JR.</u>	Age	<u>33</u>	Birthplace	<u>MD.</u>
				(State)	
Groom's Residence	<u>1612 CYPRESS ST.</u>	Marital Status	<u>SINGLE</u>		
Bride's Name	<u>DONNA J. ALLEN</u>	Age	<u>30</u>	Birthplace	<u>MD.</u>
				(State)	
Bride's Residence	<u>1612 CYPRESS ST.</u>	Marital Status	<u>SINGLE</u>		

Relationship to groom if any NONEMICHAEL G. FAHEY

Name of Officiating Clergy or Authorized Officer

License Date NOV. 18 85PASTOR- FIRST BAPT. CHURCH OF BROOKLYN

Title and Religious Denomination or Office

3801 5th ST

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985License Fee \$ 35.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41729

LICENSE NO.

130599

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 24<sup>th</sup> day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **RODNEY ANDREW JOHNSON**Age **36**

Birthplace

**MD.**

(State)

Groom's

Residence **4526 PIMLICO RD.**

Marital Status

**DIVORCED**

Bride's

Name **THERESA EMMA JONES**Age **35**

Birthplace

**MD.**

(State)

Bride's

Residence **4526 PIMLICO RD.**

Marital Status

**SINGLE**

Relationship to groom if any

**NONE****P. H. FRANKLIN**

Name of Officiating Clergy or Authorized Officer

**PASTOR- ST. MARTIN SPIRITUAL CHURCH OF**

Title and Religious Denomination or Office

**2118 MADISON AVE.****CHRIST**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

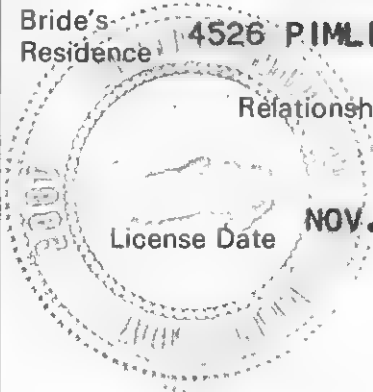
**NOV 26 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$

**25.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41730

State of Maryland

LICENSE NO.

130614

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ROY F. TILLER**  
 Groom's Residence **1411 AISQUITH STREET**  
 Bride's Name **SHIRLEY M. WILLIAMS**  
 Bride's Residence **1411 AISQUITH STREET**

Age **54** Birthplace **GEORGIA**  
 (State)  
 Marital Status **DIVORCED**  
 Age **43** Birthplace **MARYLAND**  
 (State)  
 Marital Status **WIDOW**

Relationship to groom if any **NONE**

License Date **NOV 18 85**  
**JW**

**LEWIS I. KEENE**

Name of Officiating Clergy or Authorized Officer

**PASTOR- UNITED METH. CHURCH**

Title and Religious Denomination or Office

**1500 N. MILTON AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 26 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 35.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41731

LICENSE NO.  
 130617

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 23rd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>JAMES A. CALLAHAN, 2ND.</b>	Age	<b>32</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>6823 BONNIE RIDGE DR. BALTO.CO., MD.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>KERRI M. BURGESS</b>	Age	<b>26</b>	Birthplace	<b>MD.</b>
				(State)	
Bride's Residence	<b>6823 BONNIE RIDGE DR. BALTO.CO., MD.</b>	Marital Status	<b>SINGLE</b>		

Relationship to groom if any **NONE**

**JOHN R SABATELLI**

Name of Officiating Clergy or Authorized Officer

**PASTOR- LUTHERAN CHURCH IN AMERICA**

Title and Religious Denomination or Office

**CHARLES & HILL STS.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 26 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **NOV 22 85**

**JW**

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

# Certificate of Marriage

85-41732

## State of Maryland

 LICENSE NO.  
130638

Copy for State Department of Health and Mental Hygiene

### BALTIMORE CITY (30)

*I Hereby Certify* that on the 23rd day of NOVEMBER 19 85

 the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

 Groom's Name **KENNETH BRYAN TAWNEY**

 Age **24** Birthplace **MD.**  
(State)

 Groom's Residence **3905 GREENMOUNT AVENUE**

 Marital Status **SINGLE**

 Bride's Name **ALLISON MARIE WELK**

 Age **20** Birthplace **MD.**  
(State)

 Bride's Residence **3905 GREENMOUNT AVENUE**

 Marital Status **SINGLE**

 Relationship to groom if any **NONE**
**JUDITH E. MICHAELS**
Name of Officiating Clergy or Authorized Officer

 License Date **NOV 21**
**85**
**PASTOR- PRESBYTERIAN CHURCH U S A**
Title and Religious Denomination or Office
**921 E. BELVEDERE AVE.**
Address of Clergy or Authorized Officer
**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

 office on **NOV 26 1985**

 License Fee \$ 25.00
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41733

LICENSE NO.

130645

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 23rd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

11:26

Groom's Name	<b>RICHARD PATRICK FREELAND</b>	Age	<b>20</b>	Birthplace	<b>MD.</b> <small>(State)</small>
Groom's Residence	<b>1754 JUDY WAY HARFORD CO., MD.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>LAUREL LEA SCHUMAN</b>	Age	<b>18</b>	Birthplace	<b>MD.</b> <small>(State)</small>
Bride's Residence	<b>1754 JUDY WAY HARFORD CO., MD.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

JOHN T. WIELEBSKI

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 21 85**

**PRIEST- RPMAN CATHOLIC**

Title and Religious Denomination or Office

**5310 HARFORD RD.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41734

State of Maryland

LICENSE NO.

130651

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 23rd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **FRED BERRY**Age **46** Birthplace **PA.**  
(State)Groom's  
Residence **710 PENNSYLVANIA AV.**Marital Status **SINGLE**Bride's  
Name **PERLINDA JEAN FREEMAN**Age **27** Birthplace **N.C.**  
(State)Bride's  
Residence **710 PENNSYLVANIA AV.**Marital Status **SINGLE**Relationship to groom if any **NONE**GROVER L. MC CREA, JR.

Name of Officiating Clergy or Authorized Officer

PASTOR - HOLY TRINITY

Title and Religious Denomination or Office

2601 PENNSYLVANIA AVE.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$

25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41735

LICENSE NO.

130674

Copy for State Department of Health and Mental Hygiene

## BALTIMORE CITY (30)

*I Hereby Certify* that on the 23rd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name JOHN B TUNNEY

Age 25 Birthplace MD.  
(State)

Groom's  
Residence 1111 W. 42nd ST

Marital Status DIVORCED

Bride's  
Name CAROLYN D. MITZEL

Age 23 Birthplace MD.  
(State)

Bride's  
Residence 1111 W. 42nd ST

Marital Status DIVORCED

Relationship to groom if any NONE

WILLIAM E. UTTERBACK

Name of Officiating Clergy or Authorized Officer

PASTOR- SEXTON UNITED METH. CHURCH

Title and Religious Denomination or Office

2405 JAMES PL.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985

SAUNDRA E. BANKS, CLERK

License Fee \$

25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41736

## Certificate of Marriage

State of Maryland

LICENSE NO.

130331

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9 day of Nov. 1985

the following persons were by me united in marriage at

Baltimore, Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ALBERT BENJAMIN CRAWLEY, 3RD**Age **23** Birthplace **MD.**  
(State)Groom's Residence **714 N CARROLLTON AV.**Marital Status **SINGLE**Bride's Name **THERESE CHRISTINE SISCO**Age **21** Birthplace **TEXAS**  
(State)Bride's Residence **714 N. CARROLLTON AV.**Marital Status **SINGLE**

Relationship to groom if any

**NONE**O. St. Clair Franklin  
Name of Officiating Clergy or Authorized OfficerLicense Date **OCT. 31 85**Pastor  
Title and Religious Denomination or Office3400 Wilton St.  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 15 1985****SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41737

LICENSE NO.  
 130053

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

I Hereby Certify that on the 9 day of Nov. 1985  
 the following persons were by me united in marriage at Baltimore md.  
 (City or Town)  
 in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **WILLIAM DAVID RITCHIE**

Age **45** Birthplace **OHIO.**  
 (State)

Groom's Residence **23 OAK SHADOWS CT. BALTO.CO.,MD**

Marital Status **DIVORCED**

Bride's Name **MARGERY JOHANNA MAC LURE**

Age **36** Birthplace **PA.**  
 (State)

Bride's Residence **2 SHAWNEE CT. BALTO.CO.,MD**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

Hubert Temme  
 Name of Officiating Clergy or Authorized Officer

License Date **OCT. 18 85**

Pastor  
 Title and Religious Denomination or Office  
Loch Raven + Belvedere  
 Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

**NOV 15 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41738

## Certificate of Marriage

State of Maryland

LICENSE NO.

130503

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

*I Hereby Certify* that on the 12th day of NOVEMBER 19 85  
BALTIMORE, MD.

the following persons were by me united in marriage at \_\_\_\_\_  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name MILTON WASHINGTON, JR.

Age 29 Birthplace MD.  
 (State)

Groom's Residence 2569 KIRK AVENUE

Marital Status SINGLE

Bride's Name LESLIE C. CHRISTOPHER

Age 28 Birthplace OK,  
 (State)

Bride's Residence 2569 KIRK AVENUE

Marital Status SINGLE

Relationship to groom if any NONE

ASDEAN D. JOHNSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 12

85

REV. DR. ASDEAN D. JOHNSON

Title and Religious Denomination or Office

1233 N. BOND ST. BALTO, MD. 21213

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 14 1985

SANDRA E. BANKS, CLERK

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41739

State of Maryland

LICENSE NO.

130432

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 8<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balt. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **MARTIN GOREN**Age **40** Birthplace **MD.**  
(State)Groom's  
Residence **110 W. 39th STREET**Marital Status **DIVORCED**Bride's  
Name **KAY BERNEY**Age **34** Birthplace **MD.**  
(State)Bride's  
Residence **110 W. 39th STREET**Marital Status **SINGLE**Relationship to groom if any **NONE**License Date **NOV. 7 85**

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11/16/85License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

*Certificate of Marriage*  
*State of Maryland*

85-41740

LICENSE NO.  
 130499

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MICHAEL PAUL BALLARD, SR**

Age **23** Birthplace **MD.**  
(State)

Groom's Residence **5317 WESLEY AV.**

Marital Status **SINGLE**

Bride's Name **LINDA MAUDE COOK**

Age **28** Birthplace **MD.**  
(State)

Bride's Residence **3310 SUMTER AV.**

Marital Status **SINGLE**

Relationship to groom if any

**NONE**

License Date

**MOLESTER J. HUNTER**

Name of Officiating Clergy or Authorized Officer

**BAPTIST**

Title and Religious Denomination or Office

**200 HIGH FALCON RD.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 18 1985**

License Fee \$ 5.00

**SAUNDRA E. BANKS, CLERK**  
Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41741

LICENSE NO.

130472

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JEFFREY A. KRAFT**Age **20** Birthplace **MD.**  
(State)Groom's Residence **3020 CHRISTOPHER AV.**Marital Status **SINGLE**Bride's Name **BARBARA L. MEYERS**Age **19** Birthplace **MD.**  
(State)Bride's Residence **3020 CHRISTOPHER AV.**Marital Status **SINGLE**Relationship to groom if any **NONE****ANTHONY S. MARANTO**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 14 85****DEACON- ROMAN CATHOLIC**

Title and Religious Denomination or Office

**ST. DOMINIC CHURCH 5310 HARFORD RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 18 1985****SAUNDRA E. BANKS, CLERK**License Fee \$ 20.00

Signature - Clerk of the Court

This copy to be filed by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41742

LICENSE NO.

130459

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16th day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
 Name **ERNEST HENDERSON**

Age **41** Birthplace **MD.**  
(State)

Groom's  
 Residence **2735 CARVER RD.**

Marital Status **SINGLE**

Bride's  
 Name **DEBORAH KAREN DYSON**

Age **33** Birthplace **MD.**  
(State)

Bride's  
 Residence **2735 CARVER RD.**

Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**JOHN C. MABE**

Name of Officiating Clergy or Authorized Officer

**PASTOR- PENTECOSTAL CHURCH**

Title and Religious Denomination or Office

**2734 BOOKERT DR.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 18 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **NOV. 13, 85**

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41743

State of Maryland

LICENSE NO.

130445

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 14th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name ALGON C. LANDRUM, JRAge 33 Birthplace N.C.  
(State)

Groom's

Residence 3212 SOUTHGREEN RD. BALTO.CO., MDMarital Status DIVORCED

Bride's

Name JOAN L. FRANKLINAge 30 Birthplace MD.  
(State)

Bride's

Residence 3212 SOUTHGREEN RD. BALTO.CO., MDMarital Status DIVORCEDRelationship to groom if any NONECHARLES E. FLETCHER

Name of Officiating Clergy or Authorized Officer

PASTOR- PENTECOSTAL BAPT. CHURCH

Title and Religious Denomination or Office

1615 POPLAR GROVE ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 18 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41744

LICENSE NO.

130374

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name ARTHUR MASON, JR. Age 23 Birthplace MD.  
(State)  
Groom's Residence 910 N. CALHOUN STREET Marital Status SINGLE  
Bride's Name KAREN DIANE FIELDS Age 22 Birthplace MD.  
(State)  
Bride's Residence 507 POPLAR GROVE STREET Marital Status SINGLE  
Relationship to groom if any NONE

JAMES H. BULL

Name of Officiating Clergy or Authorized Officer

License Date NOV. 4

85 BAPTIST

Title and Religious Denomination or Office

1501 N. BETHEL ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on NOV 18 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK  
Signature of Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41745

LICENSE NO.  
 130364

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name GREGORY ANDRE BROWN

Age 39 Birthplace MD.  
(State)

Groom's Residence 1611 DURHAM ST.

Marital Status DIVORCED

Bride's Name MICHELE ELIZABETH BROWN

Age 40 Birthplace MD.  
(State)

Bride's Residence 6840 STURBRIDGE DR.

Marital Status DIVORCED

Relationship to groom if any NONE

JOHNNY R. CALHOUN

Name of Officiating Clergy or Authorized Officer

85 ASS'T. PASTOR - A.M.E. CHURCH

Title and Religious Denomination or Office

1419 MC CULLOH ST.

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 18 1985  
SANDRA E. BANKS, CLERK

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41746

State of Maryland

LICENSE NO.  
130346

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ORANGE L WILLIAMS**Age **43** Birthplace **VA**  
(State)Groom's Residence **1010 REVERDY RD**Marital Status **WIDOWER**Bride's Name **DELORES WEBB**Age **37** Birthplace **N Y**  
(State)Bride's Residence **1010 REVERDY RD**Marital Status **SINGLE**Relationship to groom if any **NONE****HOWARD R. QUEEN**

Name of Officiating Clergy or Authorized Officer

License Date **NOV: 4****85 PASTOR- PLEASANT HOPE BAPTIST CHURCH**

Title and Religious Denomination or Office

**3719 NORTONIO RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on **NOV 18 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41747

State of Maryland

LICENSE NO.

130325

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 10<sup>th</sup> day of Nov. 1985the following persons were by me united in marriage at Balto. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

MICHAEL J MOX

Age 28 Birthplace MD  
(State)Groom's  
Residence

5538 SELMA AVE BALTO CO MD

Marital Status DIVORCEDBride's  
Name

LYN A MILROD

Age 23 Birthplace MD  
(State)Bride's  
Residence

5538 SELMA AVE BALTO CO MD

Marital Status SINGLE

Relationship to groom if any

NONE

License Date NOV. 6 85Daniel Broadwater  
Name of Officiating Clergy or Authorized OfficerMinister  
Title and Religious Denomination or Office29 Holmehurst Ave.  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-18-85  
SAUNDRA E. BANKS, CLERK  
Signature — Clerk of the CourtLicense Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41748

State of Maryland

LICENSE NO.

130286

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 10th day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **GEORGE E. PAPADEMETRIOU**Age **22**

Birthplace

**MD.**  
(State)

Groom's

Residence **2317 EASTERN AV.**Marital Status **SINGLE**

Bride's

Name **SMARAGDI HATZIDIAKOS**Age **23**

Birthplace

**CANADA**  
(State)

Bride's

Residence **624 TOLNA ST.**Marital Status **SINGLE**

Relationship to groom if any

**NONE**George Kalpapis  
Name of Officiating Clergy or Authorized OfficerMinister  
Title and Religious Denomination or Office520 S. Ponca ST  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT.

I hereby certify that the above is a true copy of a record filed in this

office on

11-18-85**SAUNDRA E. BANKS, CLERK**  
Signature - Clerk of the CourtLicense Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

*Certificate of Marriage*  
*State of Maryland*

85-41749

LICENSE NO.  
 130252

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 2nd day of Nov. 1985

the following persons were by me united in marriage at

Balto. Md  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **FRANK F BROWNE**

Age **24** Birthplace **WEST INDIES**  
 (State)

Groom's Residence **4061 ANNELLEN RD**

Marital Status **SINGLE**

Bride's Name **JUDY C. SOBERS**

Age **24** Birthplace **WEST INDIES**  
 (State)

Bride's Residence **4061 ANNELLEN RD**

Marital Status **SINGLE**

Relationship to groom if any

**NONE**

License Date **OCT. 28 85**

tt

John C. Warden  
 Name of Officiating Clergy or Authorized Officer

Methodist Minister  
 Title and Religious Denomination or Office

3650 Liberty Hops Ave.  
 Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

11-18-85  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41750

State of Maryland

LICENSE NO.

130158

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 15 day of Nov. 19 85

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

MARK KENNETH BAYNE

Age

31

Birthplace

MD.

(State)

Groom's  
Residence

5909 EURITH AVENUE

Marital Status

DIVORCED

Bride's  
Name

LINDA ANN STRECKFUS

Age

26

Birthplace

MD.

(State)

Bride's  
Residence

5909 EURITH AVENUE

Marital Status

SINGLE

Relationship to groom if any

NONE

License Date

OCT. 22 85

tt

Charlie J. Jager  
Name of Officiating Clergy or Authorized OfficerMinister  
Title and Religious Denomination or OfficeBalti. Md.  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-18-85

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41751

State of Maryland

LICENSE NO.

130156

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 14<sup>th</sup> day of Nov. 19 85

the following persons were by me united in marriage at

Baltimore, Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ROBERT LEO BROWN, JR.**Age **19** Birthplace **MD.**  
(State)Groom's Residence **5507 GROVELAND AVENUE**Marital Status **SINGLE**Bride's Name **LAFAYE BERNITA HAWKS**Age **19** Birthplace **PA.**  
(State)Bride's Residence **5623 MC CLEAN BLVD.**Marital Status **SINGLE**

Relationship to groom if any

**NONE**License Date **OCT. 21 85**James Watson  
Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

4110 Garrison Blvd.  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-18-85License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41752

LICENSE NO.  
 129931

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16<sup>th</sup> day of Nov- 1985

the following persons were by me united in marriage at

Balti. Md.  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JOSEPH A STUMBROSKI**

Age **25**

Birthplace **MD.**  
 (State)

Groom's Residence **5340 KING ARTHUR CIRCLE BALTO CO MD**

Marital Status

**SINGLE**

Bride's Name **ANDREA R POGGIOLI**

Age **22**

Birthplace **MD.**  
 (State)

Bride's Residence **3501 SHANNON DR**

Marital Status

**SINGLE**

Relationship to groom if any

**NONE**

License Date **OCT. 14**

**85**

Vincent Blue  
 Name of Officiating Clergy or Authorized Officer

Catholic Priest  
 Title and Religious Denomination or Office

4220 Erdman Ave.  
 Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

11-18-85

License Fee \$ 25.00

**SANDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41753

State of Maryland

LICENSE NO.

129640

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 15th day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name**LOUIS TIRABASSI**Age **25** Birthplace **MD.**  
(State)Groom's  
Residence**3718 E. PRATT STREET**Marital Status **SINGLE**Bride's  
Name**PAULETTE JACQUELINE KWOKA**Age **21** Birthplace **MD.**  
(State)Bride's  
Residence**3529 DUDLEY AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE**Luigi Esposito  
Name of Officiating Clergy or Authorized OfficerCatholic Priest  
Title and Religious Denomination or Office3600 Claremont Ave.  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-18-85License Fee \$ 25.00**SANDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy is to be filed by the Clerk of the Court, and for-  
warded to the Division of Vital Records, State Depart-  
ment of Health and Mental Hygiene, 201 W. Preston Street,  
Baltimore, MD 21201, upon receipt of page 3, copy of  
Certificate for Clerk of Court.

2

# Certificate of Marriage

## State of Maryland

85-41754

LICENSE NO.  
129056

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 15<sup>th</sup> day of Nov. 1985the following persons were by me united in marriage at Balti. Md.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **MORTON J. TASKE**Age **57** Birthplace **WASH. D.C.**  
(State)Groom's  
Residence **3630 FORD LA.**Marital Status **DIVORCED**Bride's  
Name **JANE S. ERDMAN**Age **49** Birthplace **MARYLAND**  
(State)Bride's  
Residence **3630 FORD LA**Marital Status **DIVORCED**

Relationship to groom if any

**NONE**License Date **SEPT. 26,** **85***Arzesh Azriel*  
Name of Officiating Clergyman or Authorized Officer*Rabbi*  
Title and Religious Denomination or Office*7401 Park Hgts. Ave.*  
Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on *11-18-85*License Fee *\$25.00**SAUNDRA E. BANKS, CLERK*

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41755

State of Maryland

LICENSE NO.

129901

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9 day of Nov. 1985

the following persons were by me united in marriage at

Balto. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ALLEN SYLVESTER SCOTT**Age **28**Birthplace **M.C.**  
(State)Groom's Residence **746 E. 36TH ST**Marital Status **SINGLE**Bride's Name **MAGDALENE CHANDLER**Age **29** Birthplace **MD.**  
(State)Bride's Residence **746 E. 36TH ST.**Marital Status **SINGLE**Relationship to groom if any **NONE**Johnny C. Carrington Jr.  
Name of Officiating Clergy or Authorized Officer  
Pastor  
Title and Religious Denomination or OfficeLicense Date **OCT. 7****85**3777 Bruce Run Road  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

21133

I hereby certify that the above is a true copy of a record filed in this

office on

11-15-85License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41756

State of Maryland

LICENSE NO.

130515

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 16 day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name

KEITH SCRUGGS

Age

22

Birthplace

MD.  
(State)

Groom's

Residence

1622 EAST 28TH. ST.

Marital Status

SINGLE

Bride's

Name

JONZETTA DELORES JORDAN

Age

21 Birthplace

MD.  
(State)

Bride's

Residence

1622 EAST 28TH. ST.

Marital Status

SINGLE

Relationship to groom if any NONE

License Date

NOV 15 85

JW

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

1/19/85  
SAUNDRA E. BANKS, CLERKLicense Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41757

## Certificate of Marriage

State of Maryland

LICENSE NO.  
130496

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 18<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

WARREN C. FOSTER

Age 24

Birthplace

MD.

(State)

Groom's  
Residence

538 LINWOOD AVE.

Marital Status

SINGLE

Bride's  
Name

ARETHA C. PAUL

Age 22

Birthplace

MD.

(State)

Bride's  
Residence

4902 GUNTHER AVE. APT.F.

Marital Status

SINGLE

Relationship to groom if any

NONE

License Date

NOV 15 85

JW

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-19-85

License Fee \$ 2.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41758

## Certificate of Marriage

State of Maryland

LICENSE NO.

130487

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 15<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **RONALD LEE COLLINS**Age **20** Birthplace **MD.**  
(State)Groom's  
Residence **4000 COLLEGE AVE. HOWARD CO., MD.**Marital Status **SINGLE**Bride's  
Name **TERESA GRACE FOLHART**Age **25** Birthplace **MD.**  
(State)Bride's  
Residence **109 E. FORT AVE.**Marital Status **SINGLE**

Relationship to groom if any

NONE

License Date

NOV 12 85

JW

Name of Officiating Clergy or Authorized Officer

Donald B. Bixie  
Lutheran Minister

Title and Religious Denomination or Office

1314 E. 36<sup>th</sup> St  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-19-85  
SAUNDRA E. BANKS, CLERKLicense Fee \$ 15.00

Signature of Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41759

## Certificate of Marriage

State of Maryland

LICENSE NO.

130479

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balt. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JOHN RICHARD DOCKMAN

Age 25

Birthplace

MD.  
(State)

Groom's

Residence 7021 B LACHLAN CIR. BALTO., CO., MD.

Marital Status

SINGLE

Bride's

Name MICHELE TERESE BIGGS

Age 24

Birthplace

MD.  
(State)

Bride's

Residence 7021 B LACHLAN CIR. BALTO. CO., MD.

Marital Status

DIVORCED

Relationship to groom if any NONE

License Date NOV. 13

85

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41760

State of Maryland

LICENSE NO.

130442

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16 day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

WAYNE R LEWIS

Age 41Birthplace MD.  
(State)Groom's  
Residence

6 MT BATTEN CT BALTO CO MD

Marital Status

SINGLEBride's  
Name

MARGARET A SMITH

Age 40Birthplace MD.  
(State)Bride's  
Residence

6904 BRIGHTWAY PL

Marital Status

SINGLE

Relationship to groom if any

NONELicense Date NOV. 7 85

TT

Kenneth Galla Jr.  
Name of Officiating Clergy or Authorized OfficerMinister  
Title and Religious Denomination or OfficeBalti. Md.  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-19-85  
SAUNDRA E. BANKS, CLERKLicense Fee \$ 25.00

Signature -- Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41761

## Certificate of Marriage

State of Maryland

LICENSE NO.

130444

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balt. Md.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

MICHAEL S KNOX

Age

33

Birthplace

MD.

(State)

Groom's  
Residence

6 G BREEZE BRANCH CT BALTO CO MD

Marital Status

SINGLE

Bride's  
Name

BRENDA S BONUCCELLI

Age

28

Birthplace

VA

(State)

Bride's  
Residence

4 WALDEN MILL WAY BALTO CO MD

Marital Status

SINGLE

Relationship to groom if any

NONE

License Date NOV. 12

85

F. Stephen Macher

Name of Officiating Clergy or Authorized Officer

Catholic Priest

Title and Religious Denomination or Office

Balt. Md.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-19-85License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41762

State of Maryland

LICENSE NO.

130434

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 17th day of Nov. 1985

the following persons were by me united in marriage at

Balt. Md.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JESSE

H.

JOHNSON

Age

51

Birthplace

S. CAR.

(State)

Groom's  
Residence

2200 ROUND

RD.

APT. B1

Marital Status

SINGLE

Bride's  
Name

ANNETTE

E.

WATERS

Age

40

Birthplace

MD.

(State)

Bride's  
Residence

2200 ROUND

RD.

Marital Status

DIVORCED

Relationship to groom if any

NONE

License Date

NOV. 7,

85

Name of Officiating Clergy or Authorized Officer

Reimer Finch

Title and Religious Denomination or Office

Baptist Minister

Address of Clergy or Authorized Officer

4408 Ethland Ave.

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-19-85SAUNDRA L. BANKS, CLERK

License Fee \$

25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41763

## Certificate of Marriage

State of Maryland

LICENSE NO.

130469

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 12<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balt. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name JOSEPH A. KRAMERAge 25 Birthplace MD.  
(State)

Groom's

Residence 5604 HILLTOP AV.Marital Status SINGLE

Bride's

Name VALERIE LYNN JANKOWIAKAge 19 Birthplace MD.  
(State)

Bride's

Residence 4005 HAMILTON AV.Marital Status SINGLE

Relationship to groom if any

NONEW. Francis Malooly  
Name of Officiating Clergy or Authorized OfficerCatholic Priest

Title and Religious Denomination or Office

320 Cathedral St

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-19-85License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41764

## Certificate of Marriage

State of Maryland

LICENSE NO.

130474

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

BERRY NORRIS FISHER

Age 29

Birthplace N.C.  
(State)Groom's  
Residence

2594 MINDI DR. CARROLL CO., MD

Marital Status SINGLE

Bride's  
Name

SARA MARIE SCHMITT

Age 26

Birthplace MD.  
(State)Bride's  
Residence

5955-B WESTERN RUN DR. 21209

Marital Status SINGLE

Relationship to groom if any

NONE

Conrad Schmitt

Name of Officiating Clergy or Authorized Officer

Catholic Priest

Title and Religious Denomination or Office

1215 W. South ST

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-16-85License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41765

## Certificate of Marriage

State of Maryland

LICENSE NO.

130215

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>DONALD K. KROHN</b>	Age	<b>34</b>	Birthplace	<b>N.Y.</b> (State)
Groom's Residence	<b>3039 N. CALVERT ST.</b>	Marital Status	<b>DIVORCED</b>		
Bride's Name	<b>ELVA E. HAZLEHURST</b>	Age	<b>27</b>	Birthplace	<b>PA.</b> (State)
Bride's Residence	<b>3039 N. CLAVERT ST.</b>	Marital Status	<b>SINGLE</b>		

Relationship to groom if any **NONE****ROBERT P. PATTERSON**

Name of Officiating Clergy or Authorized Officer

**RECTOR- CHURCH OF THE REDEEMER**

Title and Religious Denomination or Office

**5603 N. CHARLES ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41766

## Certificate of Marriage

State of Maryland

LICENSE NO.

129984

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **RICHARD LEO BOWINGS, JR**Age **17** Birthplace **MD.**  
(State)Groom's Residence **1821 RAMSEY ST.**Marital Status **SINGLE**Bride's Name **MARGARET ELIZABETH DUNNIGAN**Age **18** Birthplace **MD.**  
(State)Bride's Residence **1720 WILKENS AV.**Marital Status **SINGLE**Relationship to groom if any **NONE****ARTHUR R. KENT**

Name of Officiating Clergy or Authorized Officer

**PASTOR- BEECHFIELD UNITED METH. CHURCH**

Title and Religious Denomination or Office

**541 S. BEECHFIELD AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **OCT 10 85****JW**License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41767

State of Maryland

LICENSE NO.

129718

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 17th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **DOUGLASS MORRIS**Age **33** Birthplace **MD.**  
(State)Groom's  
Residence **18 LINCOLN AVE. BALTO. CO., MD.** Marital Status **DIVORCED**Bride's  
Name **KATHY MARIE ROBINSON**Age **34** Birthplace **MD.**  
(State)Bride's  
Residence **2608 N. AISQUITH STREET** Marital Status **SINGLE**Relationship to groom if any **NONE****CHARLES JAMES**

Name of Officiating Clergy or Authorized Officer

**ASSOC. MINISTER- FIRST BAPT. CHURCH**

Title and Religious Denomination or Office

**2610 GARRETT AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**License Fee \$ 25.00**CHARLES E. PARKS CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41768

State of Maryland

LICENSE NO.  
129488

Copy for State Department of Health and Mental Hygiene

I Hereby Certify that on the 9th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
in accordance with the License of the Clerk of the Court in the jurisdiction shown above.Groom's  
Name

CHARLES J COOK SR

Age 35 Birthplace

MD.

(State)

Groom's  
Residence

2529 DENNISON ST

Marital Status

DIVORCED

Bride's  
Name

DEBORAH E BELL

Age 36 Birthplace

MD.

(State)

Bride's  
Residence

42 N BERNICE AVE

Marital Status

DIVORCED

Relationship to groom if any

NONE

HARRY E. DIXON

Name of Officiating Clergyman or Authorized Officer

License Date SEPT 20 85

MINISTER- UNITED METH.

Title and Religious Denomination or Office

2049 WHEELER AVENUE

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 19 1985

License Fee - Resident \$25.00  
Non-Resident \$SAJIDRA E. BANKS, CLERK  
Signature-Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41769

State of Maryland

LICENSE NO.

125-03

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 16th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name LAWRENCE J. ZAMERSKI

Age 37 Birthplace MD.  
(State)

Groom's Residence 2851 LAKE AVENUE

Marital Status DIVORCED

Bride's Name DELORES M. SVEZZESE

Age 43 Birthplace MD.  
(State)

Bride's Residence 3536 DUDLEY AVENUE

Marital Status DIVORCED

Relationship to groom if any NONE

WILLIAM T. MILLER

Name of Officiating Clergyman or Authorized Officer

License Date SEPT. 25 85

CLERGY - METHODIST

Title and Religious Denomination or Office

4400 PARKSIDE DR.

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on NOV 19 1985

SAUNDRA E. BANKS, CLERK

Signature-Clerk of the Court

License Fee - Resident \$25.00

Non-Resident \$

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41770

State of Maryland

LICENSE NO.

129311

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 16th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name GARY T GASKILLAge 23 Birthplace MD.  
(State)Groom's  
Residence 2 A SOUTH HANSON ST TALBOT CO MD

Marital Status SINGLE

Bride's  
Name EVE M. SOMERSAge 22 Birthplace GERMANY  
(State)Bride's  
Residence 606 WATERS ST DORCHESTER CO MD

Marital Status SINGLE

Relationship to groom if any

NONE

BRENDAN T. CARR

Name of Officiating Clergyman or Authorized Officer

License Date SEPT. 13 85

PASTOR- ROMAN CATHOLIC

Title and Religious Denomination or Office

4708 PRUDENCE ST.

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 19 1985

License Fee

\$25.00

SAUNDRA E. HANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41771

State of Maryland

LICENSE NO.

128586

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 16th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name JAMES ALEX FLAGG

Age 39 Birthplace ILLINOIS (State)

Groom's Residence 5109 ARBUTUS AVENUE

Marital Status SINGLE

Bride's Name ROCHELLE PATRICE CRAWFORD

Age 27 Birthplace MARYLAND (State)

Bride's Residence 5109 ARBUTUS AVENUE

Marital Status SINGLE

Relationship to groom if any NONE

LAURA E. STEVENSON

Name of Officiating Clergyman or Authorized Officer

PASTOR- UNITED COUNCIL OF C C CHURCHES

Title and Religious Denomination or Office

5111 ARBUTUS AVE.

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 19 1985

SAUNDRA E. BANKS, CLERK

License Fee

\$25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

# Certificate of Marriage

85-41772

## State of Maryland

 LICENSE NO.  
**128931**

Copy for State Department of Health and Mental Hygiene

### BALTIMORE CITY (30)

*I Hereby Certify* that on the 16th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>KEVIN F. KOLUCH</b>	Age	<b>23</b>	Birthplace	<b>MD.</b> (State)
Groom's Residence	<b>6922 GOUGH ST.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>MELISSA A. MASSIMINI</b>	Age	<b>21</b>	Birthplace	<b>MD.</b> (State)
Bride's Residence	<b>3541 MC SCHANE WAY BALTO.CO.,MD.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

**MICHAEL D. SERGI**

Name of Officiating Clergyman or Authorized Officer

**PRIEST-ROMAN CATHOLIC**

Title and Religious Denomination or Office

**6420 EAST PRATT ST.**

Address of Clergyman or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**
**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Fee

**\$25.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41773

State of Maryland

LICENSE NO.  
127562Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

CARL W. HELMICK, JR.

Age 42 Birthplace MD.  
(State)Groom's  
Residence

1326 CAMBRIA ST.

Marital Status DIVORCEDBride's  
Name

BEVERLY J. FERRERI

Age 23 Birthplace MD.  
(State)Bride's  
Residence

1326 CAMBRIA ST.

Marital Status DIVORCED

Relationship to groom if any

NONEFRED H. MERCER

Name of Officiating Clergy or Authorized Officer

License Date JULY 16 85MINISTER- CHURCH OF GOD

Title and Religious Denomination or Office

3804 9th ST. 21225

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 19 1985SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$

25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41774

LICENSE NO.

130404

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>STANLEY E. HENSON</b>	Age	<b>45</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>2926 ELLICOTT DRIVEWAY</b>	Marital Status	<b>DIVORCED</b>		
Bride's Name	<b>CARMELITA S. CHAMPLIN</b>	Age	<b>29</b>	Birthplace	<b>MD.</b>
				(State)	
Bride's Residence	<b>905 KENWOOD AVE.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

**MARK L. SAUNDERS**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 8 85****ASS'T PASTOR - NEW PSALMIST CHURCH**

Title and Religious Denomination or Office

**502 CATHEDRAL ST.**

Address of Clergy or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985**License Fee \$ **25.00****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41775

State of Maryland

LICENSE NO.

130417

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **LUTHER L JONES JR**  
Groom's Residence **1355 STONEWOOD RD**Age **24** Birthplace **MD.**  
(State)Marital Status **SINGLE**Bride's Name **TERESA R JOHNSON**  
Bride's Residence **3309 DOLFELD AVE**Age **26** Birthplace **ALA.**  
(State)Marital Status **SINGLE**

Relationship to groom if any

**NONE****RICHARD R. HICKS**

Name of Officiating Clergy or Authorized Officer

**ELDER- UNITED METH. CHURCH**

Title and Religious Denomination or Office

**MORGAN CHRISTIAN CENTER**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

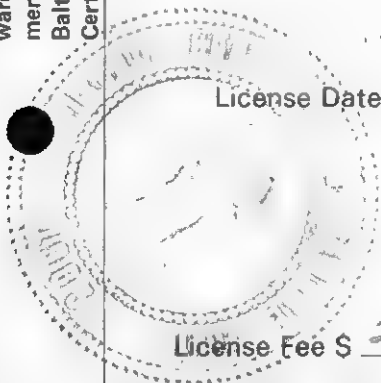
office on

**NOV 20 1985**

License Fee \$

**25.00****SAUNDRA E. BANKS, CLERK**  
Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

# Certificate of Marriage

85-41776

## State of Maryland

LICENSE NO.

130477

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **ALONZO NOVAK SELLERS**

Age **27** Birthplace **MD.**  
(State)

Groom's  
Residence **5333 GIST AV.**

Marital Status **SINGLE**

Bride's  
Name **EMMA S. TAYLOR**

Age **35** Birthplace **MD.**  
(State)

Bride's  
Residence **5333 GIST AV.**

Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**ARTHUR J. BENN**

Name of Officiating Clergy or Authorized Officer

License Date **NOV 15 85**

**MINISTER- BAPTIST**

Title and Religious Denomination or Office

**1650 BURNWOOD RD.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985**

License Fee \$ **55.00**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41777

State of Maryland

LICENSE NO.

130484

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **THOMAS ROBERT MERRYWEATHER**Age **19** Birthplace **MD.**  
(State)Groom's Residence **967 HOMBERG AV. BALTO.CO.,MD**Marital Status **SINGLE**Bride's Name **JEANETTE MARIE WHITE**Age **20** Birthplace **MD.**  
(State)Bride's Residence **967 HOMBERG AV. BALTO.CO.,MD**Marital Status **SINGLE**Relationship to groom if any **NONE****ROBERT T. WOODWORTH**

Name of Officiating Clergy or Authorized Officer

**PASTOR- CHRIST & COUNTRY CHURCH**

Title and Religious Denomination or Office

**6020 OLD HARFORD RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 35.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41778

State of Maryland

LICENSE NO.

130500

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **EDWARD JACKSON, JR**Age **45** Birthplace **MD.**  
(State)Groom's Residence **1711 FULTON AV.**Marital Status **DIVORCED**Bride's Name **BARBARA TAYLOR**Age **32** Birthplace **MD.**  
(State)Bride's Residence **1711 FULTON AV.**Marital Status **DIVORCED**Relationship to groom if any **NONE****JAMES LANCE**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 14 85****ASSOC. MINISTER- NEW HOPE BAPTIST**

Title and Religious Denomination or Office

**850 HARLEM AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985**License Fee \$ 55**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41779

State of Maryland

LICENSE NO.

130507

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>FIRMADGE N. REIN, JR.</b>	Age	<b>43</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>244 LORDBYRON LA. BALTO.CO., MD.</b>	Marital Status	<b>DIVORCED</b>		
Bride's Name	<b>LINDA J. ERBE</b>	Age	<b>30</b>	Birthplace	<b>MD.</b>
				(State)	
Bride's Residence	<b>244 LORDBYRON LA. BALTO.CO., MD.</b>	Marital Status	<b>DIVORCED</b>		

Relationship to groom if any **NONE****ROBERT T. WOODWORTH**

Name of Officiating Clergy or Authorized Officer

**PASTOR- CHRIST & COUNTRY CHURCH**

Title and Religious Denomination or Office

**6020 OLD HARFORD RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$       

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41780

## Certificate of Marriage

State of Maryland

LICENSE NO.

130510

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 17th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name ALAN S. HESSAge 27 Birthplace N.Y.  
(State)Groom's Residence 14640 MONMOUTH DR., MONT. CO., MD.Marital Status SINGLEBride's Name VICTORIA A. TOTTERAge 26 Birthplace N.Y.  
(State)Bride's Residence 14640 MONMOUTH DR., MONT. CO., MD.Marital Status SINGLERelationship to groom if any NONERONALD S. FISHER

Name of Officiating Clergy or Authorized Officer

License Date NOV. 1485PRIEST- EPISCOPAL CHURCH

Title and Religious Denomination or Office

232 ST. THOMAS LANE

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 20 1985SALINDA E. BANKS, CLERKLicense Fee \$ 55.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41781

State of Maryland

LICENSE NO.  
130556

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 17th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<u>JOHN J. WOLF</u>	Age	<u>21</u>	Birthplace	<u>MD.</u>
				(State)	
Groom's Residence	<u>4400 CLAREWAY</u>	Marital Status	<u>SINGLE</u>		
Bride's Name	<u>JILL H. ROBINSON</u>	Age	<u>18</u>	Birthplace	<u>MD.</u>
				(State)	
Bride's Residence	<u>4400 CLAREWAY</u>	Marital Status	<u>SINGLE</u>		

Relationship to groom if any NONEDAVID W. RIMBACH

Name of Officiating Clergy or Authorized Officer

License Date NOV. 15 85MINISTER-UNITED METH. CHURCH

Title and Religious Denomination or Office

3449 FALLS RD.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 20 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41782

State of Maryland

LICENSE NO.

130585

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Heroby Certify that on the 18th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JAMES W TAYLOR

Age 63Birthplace N CAR  
(State)Groom's  
Residence

3414 VIRGINIA AVE

Marital Status

WIDOWER

Bride's  
Name

LEATHA W CAPERS

Age 48Birthplace S CAR  
(State)Bride's  
Residence

4803 PALMER AVE

Marital Status

WIDOW

Relationship to groom if any

NONE

MILTON NELSON

Name of Officiating Clergy or Authorized Officer

License Date

NOV 18 85

PASTOR- THE LORD'S HOUSE IN CHURCH

Title and Religious Denomination or Office

1418 W. LAFAYETTE AVE.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 20 1985

License Fee \$ 25.00SAUNDRA E. BANKS, CLERK  
Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41783

State of Maryland

LICENSE NO.

130530

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **PETER A. KAHN**Age **37** Birthplace **N.Y.**  
(State)Groom's Residence **1404 MASON ST.**Marital Status **SINGLE**Bride's Name **GINA L. RALKE**Age **27** Birthplace **CALIF.**  
(State)Bride's Residence **1404 MASON ST.**Marital Status **SINGLE**Relationship to groom if any **NONE****DAVID W. MALONE**

Name of Officiating Clergy or Authorized Officer

**PASTOR- BROWN MEM. CHURCH**

Title and Religious Denomination or Office

**1316 PARK AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**License Fee \$ 15.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41784

## Certificate of Marriage

State of Maryland

LICENSE NO.

130552

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 15th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **RONALD WAYNE JUBB**  
 Groom's Residence **525 N. BOULDIN ST.**  
 Bride's Name **VALERIE LARAIN BENNETT**  
 Bride's Residence **453 HORNEL ST.**

Age **26** Birthplace **MD.**  
 (State)  
 Marital Status **SINGLE**  
 Age **22** Birthplace **MD.**  
 (State)  
 Marital Status **SINGLE**

Relationship to groom if any **NONE****JUDSON D. HULSEY**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 15 85****PASTOR- UNITED METH. CHURCH**

Title and Religious Denomination or Office

tt

**15922 A E MULLING RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41785

State of Maryland

LICENSE NO.

130527

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 17th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **PIETRO FRISONE**  
Groom's Residence **2719 PELHAM AVENUE**Age **26** Birthplace **ITALY**  
(State)Marital Status **SINGLE**Bride's Name **KIMBERLY ANN CUSICK**  
Bride's Residence **2725 PELHAM AVENUE**Age **25** Birthplace **MARYLAND**  
(State)Marital Status **SINGLE**Relationship to groom if any **NONE****DAVID LEARY**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 14 85****ASSOC. PASTOR- SHRINE OF LITTLE FLOWER**

Title and Religious Denomination or Office

**2854 BRENDAN AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985****SARAH E. BARRS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41786

State of Maryland

LICENSE NO.  
130522

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **KENNETH RORIE** Age **25** Birthplace **MD.**  
(State)Groom's Residence **817 GILRUBIN COURT** Marital Status **SINGLE**Bride's Name **ALRTHIA LORRAINE JOHNSON** Age **21** Birthplace **MD.**  
(State)Bride's Residence **817 GILBURN COURT** Marital Status **SINGLE**Relationship to groom if any **NONE****SIMON SE SHAZO**

Name of Officiating Clergy or Authorized Officer

**ASS'T. PASTOR- MT. HEBRON BAPT. CHURCH**

Title and Religious Denomination or Office

**1030 EDMONDSON AVENUE**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41787

LICENSE NO.  
 130519

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16th day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
 Name **HOWARD STEVEN TUCH**

Age **33** Birthplace **MASS.**  
(State)

Groom's  
 Residence **1317 EUTAW PLACE**

Marital Status **SINGLE**

Bride's  
 Name **RUTH ELLEN GETTES**

Age **30** Birthplace **MASS.**  
(State)

Bride's  
 Residence **76 DOGWOOD ACRES DR.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**ARYEH AZRIEL**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 14, 85**

**RABBI- BALTO. HEBREW CONGREGATION**

Title and Religious Denomination or Office

**7401 PARK HEIGHTS AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**

**SAUNDRA E. BARKS, CLERK**

License Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41788

## Certificate of Marriage

State of Maryland

LICENSE NO.

130518

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16<sup>th</sup> day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **GABLE R. TIGNEY**  
Groom's  
Residence **7225 JIM ROWE COURT**Age **50** Birthplace **VA.**  
(State)Marital Status **SINGLE**Bride's  
Name **RUBY L. ANDERSON**  
Bride's  
Residence **7225 JIM ROWE COURT**Age **40** Birthplace **MD.**  
(State)Marital Status **SINGLE**Relationship to groom if any **NONE**License Date **NOV. 14, 85****ALBERT C. GREENE, SR.**

Name of Officiating Clergy or Authorized Officer

**PASTOR- GREATER MULBERRY BAPT. CHURCH**

Title and Religious Denomination or Office

**418 E. CHASE ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on **NOV 19 1985****SAUNDRA E. BANKS, CLERK**License Fee \$ 2.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

## State of Maryland

85-41789

 LICENSE NO.  
130405

 Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**
*I Hereby Certify* that on the 16<sup>th</sup> day of NOVEMBER 19 85

 the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

 Groom's Name **PAUL F. LUSBY**

 Age **46** Birthplace **MD.**  
(State)

 Groom's Residence **5526 HILLTOP AVE.**

 Marital Status **DIVORCED**

 Bride's Name **JOYCE A. DRISCOLL**

 Age **36** Birthplace **MD.**  
(State)

 Bride's Residence **3329 KENYON AVE.**

 Marital Status **DIVORCED**

 Relationship to groom if any **NONE**
**WILLIAM T. MILLER**

Name of Officiating Clergy or Authorized Officer

 License Date **NOV 12 85**
**PASTOR- METH. CLERGY**

Title and Religious Denomination or Office

**4400 PARKSIDE DR.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**

 License Fee \$ 35.00
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41790

## Certificate of Marriage

State of Maryland

LICENSE NO.  
130396

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, CITY  
(City or Town)  
in accordance with the License of the Clerk of the Court in the jurisdiction shown above.Groom's  
Name

JOHN D RAVER

Age 21

Birthplace

MD.

Groom's  
Residence

3 MOPEC CIRCLE BALTO CO MD

Marital Status

(State)  
SINGLEBride's  
Name

ANN M CHMIELEWSKI

Age 19

Birthplace

MD.

Bride's  
Residence

3 MOPEC CIRCLE BALTO CO MD

Marital Status

(State)  
SINGLE

Relationship to groom if any

NONE

WILLIAM E. POLK, JR.

Name of Officiating Clergy or Authorized Officer

PASTOR- BETHESDA UNITED METH. CHURCH

Title and Religious Denomination or Office

6300 HARFORD RD.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

NOV 19 1985

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41791

LICENSE NO.  
 130555

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 18th day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ESLEY LEONARD BRISSETT**

Age **37** Birthplace **MD.**  
(State)

Groom's Residence **2211 MOUNT HOLLY ST.**

Marital Status **DIVORCED**

Bride's Name **MINNIE DAVIS JOHNSON**

Age **33** Birthplace **GA.**  
(State)

Bride's Residence **2211 MOUNT HOLLY ST.**

Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**VINCENT L. THOMPSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 18 85**

**CLERGY - NEW SHOLOH BAPT. CHURCH**

Title and Religious Denomination or Office

**823 W. LANVALE ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

TT

2

*Certificate of Marriage*  
*State of Maryland*

85-41792

LICENSE NO.  
 130577

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16th day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>JOZEF BEDNAREK</b>	Age	<b>29</b>	Birthplace	<b>POLAND</b>
Groom's Residence	<b>633 S POTOMAC ST</b>	Marital Status	<b>SINGLE</b> <small>(State)</small>		
Bride's Name	<b>LYNETTE P TERRANOVA</b>	Age	<b>24</b>	Birthplace	<b>MD.</b>
Bride's Residence	<b>1615 FOUR GEORGES CT BALTO CO MD</b>	Marital Status	<b>SINGLE</b> <small>(State)</small>		
Relationship to groom if any	<b>NONE</b>				

**FRANCIS J. OKROY**

Name of Officiating Clergy or Authorized Officer

**ASSOC. PASTOR-HOLY ROSARY R C CHURCH**

Title and Religious Denomination or Office

**408 S. CHESTER ST.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**  
Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

**ORDER OF COURT JE**

2

85-41793

## Certificate of Marriage

State of Maryland

LICENSE NO.  
130558

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name HARRY C. HUGHESAge 48 Birthplace MD.  
(State)Groom's Residence 3709 WOODRIDGE ROADMarital Status DIVORCEDBride's Name ALICE HERRINGAge 39 Birthplace S.C.  
(State)Bride's Residence 3709 WOODRIDGE ROADMarital Status SINGLERelationship to groom if any NONEALBERT C. GREENE, SR.

Name of Officiating Clergy or Authorized Officer

License Date NOV 15 85PASTOR- GREATER MULBERRY BAPT. CHURCH

Title and Religious Denomination or Office

418 E. CHASE ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on NOV 19 1985License Fee \$ 20.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41794

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 130381

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16th day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DOUGLAS R. KRACH** Age **28** Birthplace **MD.**  
(State)  
 Groom's Residence **12699 LEE BEN RD. BALTO. CO., MD.** Marital Status **WIDOWER**  
 Bride's Name **LINDA A. GLEBAS** Age **23** Birthplace **MD.**  
(State)  
 Bride's Residence **1300 GRANDVIEW CT. HARFORD CO., MD.** Marital Status **SINGLE**  
 Relationship to groom if any **NONE**

**ANTHONY S. DRANGINIS**

Name of Officiating Clergy or Authorized Officer

**PRIEST- CATHOLIC**

Title and Religious Denomination or Office

**114 W. SARATOGA ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**

License Fee \$ 25.00

**ANTHONY S. DRANGINIS**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41795

State of Maryland

LICENSE NO.

130379

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

ANDRE MATTHEW JEFFERSON

Age 22 Birthplace MD.  
(State)Groom's  
Residence

2592 W. FAYETTE STREET

Marital Status SINGLEBride's  
Name

YVETTE SAVOY

Age 20 Birthplace MD.  
(State)Bride's  
Residence

900 ARGYLE AVENUE

Marital Status SINGLERelationship to groom if any NONE

GEORGE W. JONES

Name of Officiating Clergy or Authorized Officer

License Date NOV 4 85PASTOR - MT. OLIVET CHRISTIAN CHURCH

Title and Religious Denomination or Office

230 N. FULTON AVE.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 19 1985SAUNDRA E. BANKS, CLERK

License Fee \$ \_\_\_\_\_

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

*Certificate of Marriage*  
*State of Maryland*

85-41796

LICENSE NO.

130343

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 15th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

ROBERT D FORD

Age 26

Birthplace

MD.

(State)

Groom's  
Residence

3818 BROOKLYN AVE

Marital Status

SINGLE

Bride's  
Name

PATRICIA N JUDY

Age 31

Birthplace

MD.

(State)

Bride's  
Residence

417 MAUDE AVE

Marital Status

DIVORCED

NONE

Relationship to groom if any

JOSEPH P. LETTRICH

Name of Officiating Clergy or Authorized Officer

PASTOR- ST. JOHN

Title and Religious Denomination or Office

GLEN BURNIE, MD. 21061

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 19 1985

SAUNDRA E. BANKS, CLERK

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

TT

2

*Certificate of Marriage*  
*State of Maryland*

85-41797

LICENSE NO.  
 130329

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **RICHARD K NIELSEN**

Age **32** Birthplace **MD.**  
 (State)

Groom's Residence **3419 PINWOOD AVE**

Marital Status

**DIVORCED**

Bride's Name **THERESA A HOLMES**

Age **35** Birthplace **MD.**  
 (State)

Bride's Residence **3419 PINWOOD AVE**

Marital Status

**DIVORCED**

Relationship to groom if any

**NONE**

**CLIFFORD P. LLOYD**

Name of Officiating Clergy or Authorized Officer

**MINISTER- UNITED METH. CHURCH**

Title and Religious Denomination or Office

**5315 HARFORD RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41798

## Certificate of Marriage

State of Maryland

LICENSE NO.

130318

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 17th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **TODD EDWARD KOGAN**Age **26** Birthplace **MD.**  
(State)Groom's Residence **6407 APOLLO DR.**Marital Status **SINGLE**Bride's Name **KORI JILL HAMBURG**Age **24** Birthplace **MD.**  
(State)Bride's Residence **7429 RICKSWAY**Marital Status **SINGLE**Relationship to groom if any **NONE****DONALD R. BERLIN**

Name of Officiating Clergy or Authorized Officer

**85 RABBI- TEMPLE OHEB SHALOM**

Title and Religious Denomination or Office

**7310 PARK HEIGHTS AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985****SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41799

## Certificate of Marriage

State of Maryland

LICENSE NO.

130270

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 16th day of NOV. 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **GARY STEPHON BURNETT**Age **24** Birthplace **S.C.**  
(State)Groom's  
Residence **6402 ELLIOT PL. P.G. CO., MD.**Marital Status **SINGLE**Bride's  
Name **NIKKI LYNN BROOKS**Age **23** Birthplace **VT.**  
(State)Bride's  
Residence **3000 ROCKWOOD AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE****LANCE A.B. GIFFORD**

Name of Officiating Clergy or Authorized Officer

License Date

**OCT 31 1985****RECTOR- ST. JOHN'S CHURCH**

Title and Religious Denomination or Office

**SOUTH RD., MT. WASHINGTON**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41800

State of Maryland

LICENSE NO.

130371

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 5th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **FRED L. FELDER**Age **53** Birthplace **S.C.**  
(State)Groom's Residence **3104 OAKFORD AVENUE**Marital Status **SINGLE**Bride's Name **MABLE ANDERSON**Age **38** Birthplace **S.C.**  
(State)Bride's Residence **1803 N. SMALLWOOD STREET**Marital Status **SINGLE**Relationship to groom if any **NONE****PAUL FELDER**

Name of Officiating Clergy or Authorized Officer

**ASSOC. MINISTER- CHRISTIAN MEMORIAL**

Title and Religious Denomination or Office

**3106 HARFORD RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on **NOV 5 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41801

LICENSE NO.

130238

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name**JAMES J COOPER**Age **27**

Birthplace

**PA.**

(State)

Groom's  
Residence**3406 OFFUTT RD BALTO CO MD**

Marital Status

**SINGLE**Bride's  
Name**CATHY L MARSTELLER**Age **23**

Birthplace

**MD.**

(State)

Bride's  
Residence**21624 MIDDLETOWN RD BALTO CO MD**

Marital Status

**SINGLE****NONE**

Relationship to groom if any

**JOHN J. PADIAN**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 24****85****DELEGATED VICAR- ALL SAINTS CHURCH**

Title and Religious Denomination or Office

**4408 LIBERTY HGTS. AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

tt

NOV 8 1985

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41802

LICENSE NO.  
 130127

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 1st day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **EDWARD L. FORD**

Age **66** Birthplace **MD.**  
 (State)

Groom's Residence **5525 WALTHER AVE.**

Marital Status **DIVORCED**

Bride's Name **PATRICIA L. ISENNOCK**

Age **50** Birthplace **MD.**  
 (State)

Bride's Residence **5525 WALTHER AVE.**

Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**DAVID H. MANRODT**

Name of Officiating Clergy or Authorized Officer

**PASTOR- JERUSALEM EV. FAITH CHURCH**

Title and Religious Denomination or Office

**4601 BELAIR RD.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true and correct copy of a record filed in this

office on

**NOV 8 1985**  
**SAUNDRA E. BANKS, CLERK**

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41803

## Certificate of Marriage

State of Maryland

LICENSE NO.

158707

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (100)

I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JAMES ESSICK GAYLORD**Age **29** Birthplace **MD.**  
(State)Groom's Residence **1309 HILLMAN ST. 21202**Marital Status **SINGLE**Bride's Name **DENISE CECELIA CARTER**Age **29** Birthplace **MD.**  
(State)Bride's Residence **710 E. PRESTON ST 21202**Marital Status **SINGLE**Relationship to groom if any **NONE****WILLIE S. CHAMBERS**License Date **SEPT 19 85**Name of Officiating Clergyman or Authorized Officer  
**PASTOR- NEW ANTIOCH BAPT. CHURCH**

Title and Religious Denomination or Office

**1325 MAPLE AVE.**

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 7 1985****SHONDRA L. BANKS, CLERK**

Signature-Clerk of the Court

License Fee - Resident \$ **25.00**  
Non-Resident \$

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

# Certificate of Marriage

## State of Maryland

85-41804

 LICENSE NO.  
130140

 Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**
*I Hereby Certify* that on the 2nd day of NOVEMBER 19 85

 the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

 Groom's Name **FREEMAN J. ROBINSON, JR.**

 Age 31 Birthplace MD.  
(State)

 Groom's Residence **3331 MONDAWMIN AVENUE**

 Marital Status **DIVORCED**

 Bride's Name **CHERYL A. C. BROWN**

 Age 28 Birthplace MD.  
(State)

 Bride's Residence **3015 OAKHILL AVENUE**

 Marital Status **SINGLE**

 Relationship to groom if any **NONE**
**DOUGLAS B. SANDS**
Name of Officiating Clergy or Authorized Officer
**PASTOR- HOWARD PK. UNITED METH. CHURCH**
Title and Religious Denomination or Office
**5020 GWYNN OAK AVE.**
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 7 1985**

 License Fee \$ 25.00
**SANDRA E. BANKS, CLERK**
Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41805

State of Maryland

LICENSE NO.

130274

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 3rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

3:29

Groom's Name	<b>DANIEL BLAIR BROWN</b>	Age	<b>24</b>	Birthplace	<b>ARIZONA</b> (State)
Groom's Residence	<b>4193 MC DOWELL LA. BALTO. CO., MD.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>ESTHER DABBAH</b>	Age	<b>22</b>	Birthplace	<b>MARYLAND</b> (State)
Bride's Residence	<b>4381 CRESTHEIGHTS DR. BALTO. CO., MD.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any		<b>NONE</b>			

**HAROLD S. WHITE**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 28** **85****RABBI- JUDAISM**

Title and Religious Denomination or Office

**1099 22nd ST. N W WASHINGTON, D.C.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on **NOV 7 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

## State of Maryland

85-41806

LICENSE NO.

130419

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

I Hereby Certify that on the 9<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balti. Ma  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MARK DAVID SHERINSKY**

Age **22** Birthplace **MD.**  
 (State)

Groom's Residence **1326 SPRIN AVE. BALTO. CO., MD.**

Marital Status **SINGLE**

Bride's Name **CHRISTINE MARIE KENDZEJESKI**

Age **19** Birthplace **FD.**  
 (State)

Bride's Residence **6914 RIDGEWAY RD. BALTO. CO., MD.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

License Date

**NOV 6**

**85**

**JW**

Henry F. Satter  
 Name of Officiating Clergy or Authorized Officer

Catholic Priest  
 Title and Religious Denomination or Office

600 S. Conkling ST  
 Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

11-12-85

License Fee \$

25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41807

State of Maryland

LICENSE NO.

130422

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 7<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JAMES HEMPHILL**Age **28** Birthplace **MD.**  
(State)Groom's Residence **1832 RUTLAND AVE**Marital Status **SINGLE**Bride's Name **CYNTHIA A JONES**Age **23** Birthplace **MD.**  
(State)Bride's Residence **1623 W MULBERRY ST**Marital Status **DIVORCED**  
(State)

Relationship to groom if any

**NONE**License Date **NOV. 6****85**

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-12-85License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41808

LICENSE NO.  
 130429

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 7<sup>th</sup> day of Nov. 19 85

the following persons were by me united in marriage at Balti. Md.  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
 Name **KENNETH WESLEY HARN, JR**

Age **44** Birthplace **MD.**  
 (State)

Groom's  
 Residence **214 e. FORT AV.**

Marital Status **DIVORCED**

Bride's  
 Name **ANNA H. WOOTON**

Age **30** Birthplace **pa.**  
 (State)

Bride's  
 Residence **214 E. FORT AV.**

Marital Status **DIVORCED**

Relationship to groom if any **NONE**

License Date **NOV. 7, 85**

*James Hoffman*  
 Name of Officiating Clergy or Authorized Officer

*Lutheran Ministers*  
 Title and Religious Denomination or Office

*214 E Randall ST*  
 Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office *11/12/85*  
**SAUNDRA E. BANKS, CLERK**

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41809

LICENSE NO.

130447

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 8th day of Nov. 1985

the following persons were by me united in marriage at

Balti Md  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **PHILIP BERNARD SMITH**Age **19** Birthplace **MD.**  
(State)Groom's Residence **505 RANDOM ROAD**Marital Status **SINGLE**Bride's Name **YOLANDA ALVINIA STEWART**Age **18** Birthplace **MD.**  
(State)Bride's Residence **3817 SYLVAN DR. BALTO. CO., MD.**Marital Status **SINGLE**Relationship to groom if any **NONE**Carrington D. Carter  
Name of Officiating Clergy or Authorized OfficerMinister  
Title and Religious Denomination or OfficeBalti Md.  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-12-85License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41810

State of Maryland

LICENSE NO.

130373

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9<sup>th</sup> day of Nov. 1985the following persons were by me united in marriage at Balto. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name JEREMIAH C. LEAK Age 23 Birthplace MD.  
(State)Groom's Residence 7139 ROLLING BEND RD. BALTO. CO., MD. Marital Status SINGLEBride's Name DAPHNE C. YERBY Age 24 Birthplace MD.  
(State)Bride's Residence 1922 N. BENTALOU STREET Marital Status SINGLERelationship to groom if any NONEAggie L. Brown  
Name of Officiating Clergy or Authorized OfficerMinister  
Title and Religious Denomination or Office5414 Main Ave.  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on 11-12-85SAUNDRA E. BANKS, CLERK

Signature Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41811

LICENSE NO.

130351

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 6th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JIMMIE BROWN JR

Age 43 Birthplace LA  
(State)

Groom's  
Residence

89 AMBO CIRCLE BALTO CO MD

Marital Status

DIVORCED

Bride's  
Name

JEANNETTE PRYOR

Age 31 Birthplace MD.  
(State)

Bride's  
Residence

89 AMBO CIRCLE BALTO CO MD

Marital Status

DIVORCED

NONE

Relationship to groom if any

VERNON WHITEMAN

Name of Officiating Clergy or Authorized Officer

License Date

NOV 5

85

ELDER- JEHOVAH'S WITNESSES

Title and Religious Denomination or Office

6 E. HICKAM RD.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 12 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.



2

# Certificate of Marriage

## State of Maryland

85-41812

 LICENSE NO.  
130341

 Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**
*I Hereby Certify* that on the 6th day of NOVEMBER, 1985

 the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>BENJAMIN F. SAVAGE</b>	Age	<b>64</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>4020 N. ROGER AVE. APT. A</b>	Marital Status	<b>DIVORCED</b>		
Bride's Name	<b>ANNABELLE SMITH</b>	Age	<b>65</b>	Birthplace	<b>VA.</b>
				(State)	
Bride's Residence	<b>4020 N. ROGER AVE.</b>	Marital Status	<b>DIVORCED</b>		
Relationship to groom if any	<b>NONE</b>				

 License Date **NOV. 1, 85**
**ROBIN BRUNSON**

Name of Officiating Clergy or Authorized Officer

**ELDER- APOSTOLIC HOLINESS CHURCH**

Title and Religious Denomination or Office

**604 N. DENISON STREET**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 12 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

 License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41813

State of Maryland

LICENSE NO.

130340

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 8th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MICHAEL A. STERLING** Age **24** Birthplace **MD.**  
(State)

Groom's Residence **1119 SANDYSTONE RD. BALTO. CO., MD** Marital Status **SINGLE**

Bride's Name **ANGELA F. BOZEMAN** Age **24** Birthplace **MD.**  
(State)

Bride's Residence **1119 SANDYSTONE RD. BALTO. CO., MD** Marital Status **SINGLE**

Relationship to groom if any **NONE****DIANE A. WAGNER**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 5 85****MINISTER- MEMORIAL UNITED METH. CHURCH**

Title and Religious Denomination or Office

**3340 FREDERICK AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on **NOV 12 1985**License Fee \$ **25.00****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41814

## Certificate of Marriage

State of Maryland

LICENSE NO.

130308

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 8th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name HARRY SHAVERAge 61 Birthplace VA.  
(State)Groom's Residence 1056 LEREW WAYMarital Status DIVORCEDBride's Name CYNTHIA V. COLEBURNAge 31 Birthplace MD.  
(State)Bride's Residence 1056 LEREW WAYMarital Status DIVORCEDRelationship to groom if any NONEALFRED B. MC CAULEY

Name of Officiating Clergy or Authorized Officer

License Date OCT 31 85PASTOR- FAITH CHRISTIAN OUTREACH

Title and Religious Denomination or Office

990 9th ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 12 1985SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41815

LICENSE NO.

130227

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

*I Hereby Certify* that on the 8th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **THOMAS PAUL WHITE** Age **22** Birthplace **MARYLAND**  
(State)  
Groom's Residence **7802 WYNBROOK RD. BALTO.CO.,MD** Marital Status **SINGLE**  
Bride's Name **VICTORIA LEE GOLES** Age **21** Birthplace **MARYLAND**  
(State)  
Bride's Residence **1709 TURKEY POINT RD. BALTO.CO.,MD** Marital Status **DIVORCED**  
Relationship to groom if any **NONE**

License Date **NOV 1 85**

JW

JOHN O'TOOLE

Name of Officiating Clergy or Authorized Officer

PRIEST-ROMAN CATHOLIC

Title and Religious Denomination or Office

6420 E. PRATT ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 12 1985**  
**SABRINA L. BARKS, CLERK**

License Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41816

## Certificate of Marriage

State of Maryland

LICENSE NO.

130214

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 6th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DONALD L. BROWN** Age **29** Birthplace **MD.**  
 Groom's Residence **1157 N. STRICKER ST.** Marital Status **SINGLE**  
 Bride's Name **LINDA G. HALL** Age **30** Birthplace **VA.**  
 Bride's Residence **1157 N. STRICKER ST.** Marital Status **DIVORCED**  
 Relationship to groom if any **NONE**

License Date **OCT 23 85****JAMES E. MASON, III**

Name of Officiating Clergy or Authorized Officer

**PASTOR-FAITH MESSAGE**

Title and Religious Denomination or Office

**69151 DIGBY RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 12 1985****SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41817

## Certificate of Marriage

State of Maryland

LICENSE NO.

130157

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 3rd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	VINCENT A. JOHNS	Age	33	Birthplace	MD. (State)
Groom's Residence	3805 E. PRATT ST.	Marital Status	DIVORCED		
Bride's Name	AUDREY MARIE MC KEE	Age	29	Birthplace	MD. (State)
Bride's Residence	5521 SEFTON AVE.	Marital Status	SINGLE		

Relationship to groom if any NONE

JOHN T. WIELEBSKI

Name of Officiating Clergy or Authorized Officer

PRIEST- ROMAN CATHOLIC CHURCH

Title and Religious Denomination or Office

5310 HARFORD RD.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 12 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41818

## Certificate of Marriage

State of Maryland

LICENSE NO.

130081

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **EARL VICK**Age **25** Birthplace **MD.**

(State)

Groom's Residence **3403 DUVAL AVE**

Marital Status

**SINGLE**Bride's Name **DEIZSHEL J SETZER**Age **20** Birthplace **MD.**

(State)

Bride's Residence **3403 DUVAL AVE**

Marital Status

**SINGLE****NONE**

Relationship to groom if any

**ROBERT C. HUNT**

Name of Officiating Clergy or Authorized Officer

**PASTOR**

Title and Religious Denomination or Office

**3459 PARK HEIGHTS AVENUE**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 1 2 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Date **OCT. 18, 85**License Fee \$ **25.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41819

## Certificate of Marriage

State of Maryland

LICENSE NO.

129654

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ANTHONY LAMAR DUBLIN**Age **22** Birthplace **ILLINOIS**  
(State)Groom's Residence **3701 FRANKLYN AVENUE**Marital Status **SINGLE**Bride's Name **MELISSA BEZURN**Age **19** Birthplace **MARYLAND**  
(State)Bride's Residence **2544 OSWEGO AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE****CHOYCE HALL**License Date **SEPT 25 85**Name of Officiating Clergy or Authorized Officer  
**PASTOR- ST. JOHN'S EVAN. LUTHERAN CHURCH**Title and Religious Denomination or Office  
**1731 E. 35th ST.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**I hereby certify that the above is a true copy of a record filed in this  
office on **NOV 12 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41820

## Certificate of Marriage

State of Maryland

LICENSE NO.

129860

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1st day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>ROBERT G. HENRY</b>	Age	<b>27</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>5723 CEDONIA AVE. APT. D.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>LINDA A. BINIASZ</b>	Age	<b>28</b>	Birthplace	<b>MD.</b>
				(State)	
Bride's Residence	<b>5723 CEDONIA AVE.</b>	Marital Status	<b>SINGLE</b>		

Relationship to groom if any **NONE****JOHN STEPHEN FAIR**

Name of Officiating Clergy or Authorized Officer

**85 PASTOR- UNITED CHURCH OF CHRIST**

Title and Religious Denomination or Office

**3200 DILLON ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 8 1985****SAUNDRA E. BANKS, CLERK**

Signature Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41821

State of Maryland

LICENSE NO.

130354

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 3rd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ANTOINE DERRICK IRVING**Age **24** Birthplace **MD.**  
(State)Groom's Residence **556 ORCHARD ST.**Marital Status **SINGLE**Bride's Name **LAURA LEE WHITE**Age **21** Birthplace **MASS.**  
(State)Bride's Residence **556 ORCHARD ST.**Marital Status **SINGLE**Relationship to groom if any **NONE****WATTIE ELRIDGE**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 1 85****PASTOR- FAITH BAPTIST CHURCH**

Title and Religious Denomination or Office

**833 N. BOND ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 3 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41822

LICENSE NO.  
 130317

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 2nd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>WILBUR LEWIS</b>	Age	<b>43</b>	Birthplace	<b>N CAR</b> <small>(State)</small>
Groom's Residence	<b>432 S PATTERSON PK AVE</b>	Marital Status	<b>DIVORCED</b>		
Bride's Name	<b>PATRICIA A SPRING</b>	Age	<b>37</b>	Birthplace	<b>CONN</b> <small>(State)</small>
Bride's Residence	<b>432 S PATTERSON PK AVE</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

**CLYDE OXENDINE**

Name of Officiating Clergy or Authorized Officer

**PASTOR- NON- DENOMINATIONAL**

Title and Religious Denomination or Office

**5 NERBOY RD.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 8 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **OCT. 31,**

**85**

License Fee \$ **25.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41823

State of Maryland

LICENSE NO.

129576

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	STUART L. FRIEDRICH	Age	37	Birthplace	N.J.
				(State)	
Groom's Residence	1441 FOREST PARK AVE. BALTO.CO., MD.	Marital Status	SINGLE		
Bride's Name	LYELL G. WALTON	Age	31	Birthplace	MD.
				(State)	
Bride's Residence	2 HADDON CT. BALTO.CO., MD.	Marital Status	SINGLE		
Relationship to groom if any	NONE				

License Date

OCT 4 1985

JW

RICHARD W. LIPKA

Name of Officiating Clergy or Authorized Officer

PASTOR- ST. MARY'S CHURCH

Title and Religious Denomination or Office

3900 ROLAND AVENUE

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

SANDRA E. LIPKA, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41824

State of Maryland

LICENSE NO.

130458

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 10 day of Nov. 1985

the following persons were by me united in marriage at

Balto. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **ROBERT DAVID PRINCE**Age **26**

Birthplace

**MD.**

(State)

Groom's

Residence **1619 OLD EASTERN AVE. BALTO.CO., MD.**

Marital Status

**SINGLE**

Bride's

Name **KAREN LEE PARKER**

Age

**22**

Birthplace

**MD.**

(State)

Bride's

Residence **1619 OLD EASTERN AVE. BALTO.CO., MD.**

Marital Status

**SINGLE**

Relationship to groom if any

**NONE**License Date **NOV. 8,****85**

Name of Officiating Clergy or Authorized Officer

D. Lee Hudson

Title and Religious Denomination or Office

Lutheran Minister

Address of Clergy or Authorized Officer

Balto. Md.

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-13-85  
SANDRA E. BANKS, CLERK

License Fee \$

25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41825

LICENSE NO.

130466

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 8th day of Nov. 1985the following persons were by me united in marriage at \_\_\_\_\_  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

DAVID L OXENDINE

Age

30

Birthplace

N CAR

(State)

Groom's  
Residence

1619 DOLITTLE RD BALTO CO MD

Marital Status

SINGLE

Bride's  
Name

DORIS L CRANE

Age

23

Birthplace

MD.

(State)

Bride's  
Residence

1619 DOLITTLE RD BALTO CO MD

Marital Status

DIVORCED

Relationship to groom if any

NONE

License Date NOV. 8

85

TT

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41826

State of Maryland

LICENSE NO.

130323

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 10th day of Nov. 1985the following persons were by me united in marriage at Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

WILLIAM J SIEMEK

Age 31 Birthplace

MD.

(State)

Groom's  
Residence

3306 RICHMOND AVE

Marital Status

DIVORCED

Bride's  
Name

TAMMY S LONG

Age 21 Birthplace

MD.

(State)

Bride's  
Residence

3306 RICHMOND AVE

Marital Status

SINGLE

NONE

Relationship to groom if any

License Date OCT. 31

85

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41827

## Certificate of Marriage

State of Maryland

LICENSE NO.

130335

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 16th day of Nov. 1985the following persons were by me united in marriage at Balto. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JAMES ARMSTRONG BURTON

Age

38 Birthplace

VA.  
(State)Groom's  
Residence

3934 EDNOR ROAD

Marital Status

DIVORCED

Bride's  
Name

JEANNE LAMPARTY BRINKLEY

Age

37 Birthplace

WASH., D.C.  
(State)Bride's  
Residence

3934 EDNOR ROAD

Marital Status

DIVORCED

Relationship to groom if any:

NONE

License Date

NOV 1 85

Name of Officiating Clergy or Authorized Officer

Minister

Address of Clergy or Authorized Officer

921 E. Belvedere Ave.

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41828

State of Maryland

LICENSE NO.

130378

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balt.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JOSEPH J SPRINKEL**Age **22**

Birthplace

**TEXAS**

(State)

Groom's Residence **479 WHITEHAVEN CT A.A.CO.MD**

Marital Status

**SINGLE**Bride's Name **BONNIE J KESSLER**Age **23**

Birthplace

**MD.**

(State)

Bride's Residence **2213 WILKINS AVE**

Marital Status

**SINGLE**

Relationship to groom if any

**NONE**License Date **NOV. 6 85**Paschal Morlenio

Name of Officiating Clergy or Authorized Officer

Catholic Priest

Title and Religious Denomination or Office

2612 Wilkens Ave.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-13-85  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41829

State of Maryland

LICENSE NO.

130382

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **WILLIAM H. GILMORE**Age **44** Birthplace **VA.**  
(State)Groom's  
Residence **909 ARGONNE DRIVE**Marital Status **DIVORCED**Bride's  
Name **VALJEAN GREEN**Age **35** Birthplace **VA.**  
(State)Bride's  
Residence **909 ARGONNE DRIVE**Marital Status **DIVORCED**Relationship to groom if any **NONE**License Date **NOV 4 85**

JW

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.0011-13-85  
**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41830

## Certificate of Marriage

State of Maryland

LICENSE NO.

130406

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

LEON W. TERRY

Age 36 Birthplace MD.  
(State)Groom's  
Residence

4137 MT WOOD ST

Marital Status

SINGLE

Bride's  
Name

MARY L JORDAN

Age 38 Birthplace MD  
(State)Bride's  
Residence

4137 MT WOOD ST

Marital Status

DIVORCED

Relationship to groom if any

NONE

License Date

NOV 6 85

JW

Neal Gulchrist

Name of Officiating Clergy or Authorized Officer

Minister

Title and Religious Denomination or Office

2417 Loyola Southway

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-13-85License Fee \$ 25.05SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and for-  
warded to the Division of Vital Records, State Depart-  
ment of Health and Mental Hygiene, 201 W. Preston Street,  
Baltimore, MD 21201, upon receipt of page 3, copy of  
Certificate for Clerk of Court.

2

85-41831

## Certificate of Marriage

State of Maryland

LICENSE NO.

130438

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9<sup>th</sup> day of Nov. 19 85

the following persons were by me united in marriage at

Balti Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name MICHAEL SWALSAge 31Birthplace MD.

(State)

Groom's

Residence 1211 OLIVER ST.

Marital Status

DIVORCED

Bride's

Name RENEE I. RICHARDSONAge 26Birthplace MD.

(State)

Bride's

Residence 1211 OLIVER ST.

Marital Status

WIDOW

Relationship to groom if any

NONELicense Date NOV. 7 85

TT

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$

25.0011-13-85  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41832

## Certificate of Marriage

State of Maryland

LICENSE NO.

130449

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JAMES EUGENE COLLINS** Age **26** Birthplace **NEW JERSEY**  
(State)

Groom's Residence **3427 CARRIAGE HILL CIR. BALTO.CO., MD** Marital Status **SINGLE**

Bride's Name **LYNNE ALIECE HARPER** Age **18** Birthplace **MD.**  
(State)

Bride's Residence **3427 CARRIAGE HILL CIR. BALTO.CO., MD** Marital Status **SINGLE**

Relationship to groom if any **NONE**

License Date **NOV. 8,**

85

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-13-85License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41833

## Certificate of Marriage

State of Maryland

LICENSE NO.  
130454

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **TYRONE M. GAINES**Age **31** Birthplace **MD.**  
(State)Groom's  
Residence **717 NEWINGTON AVENUE**Marital Status **SINGLE**Bride's  
Name **ROSALYN ADAIR MADDOX**Age **30** Birthplace **MD.**  
(State)Bride's  
Residence **626 N. AUGUSTA AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE**Daniel Mc Lellan

Name of Officiating Clergy or Authorized Officer

Methodist Minister  
Title and Religious Denomination or Office700 Wildwood PKWY  
Address of Clergy or Authorized Office

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

SAUNDRA E. BANKS, CLERK

Signature — Clerk of the Court

License Fee \$ 55.0011-13-85

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41834

LICENSE NO.

130456

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of Nov. 19 85

the following persons were by me united in marriage at

Baltimore  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **CHARLES ANDREW TUSSING**Age **25** Birthplace **VA.**  
(State)Groom's Residence **3926 FAIT AVENUE**Marital Status **DIVORCED**Bride's Name **CHRISTINA MARIE LUDWIG**Age **18** Birthplace **MD.**  
(State)Bride's Residence **3926 FAIT AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE**License Date **NOV. 8 85**Marshall N. Haley  
Name of Officiating Clergy or Authorized OfficerMinister  
Title and Religious Denomination or Office2842 Plainfield Rd.  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-13-85License Fee \$ 55.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be given by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41835

State of Maryland

LICENSE NO.

130435

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 12th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DAVID O. WILLIAMS**Age **24** Birthplace **MD.**Groom's Residence **2309 BARCLAY ST.**

Marital Status

(State)  
**SINGLE**Bride's Name **SHARON CARTER**Age **24** Birthplace **MD.**Bride's Residence **5300 LOCH RAVEN BLVD.**

Marital Status

(State)  
**SINGLE**Relationship to groom if any **NONE**RICHARD HALL

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 8 85**ELDER APOSTOLIC FAITH

Title and Religious Denomination or Office

509 N. EDGEWOOD ST

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct copy of a record filed in this

office on

**NOV 14 1985**License Fee \$ 35.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41836

State of Maryland

LICENSE NO.

130398

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **HORACE L. MONTAGUE**Age **41** Birthplace **MD.**  
(State)Groom's Residence **2440 W. COLD SPRING LANE**Marital Status **DIVORCED**Bride's Name **CORA LEE CHERRY**Age **44** Birthplace **VA.**  
(State)Bride's Residence **2440 W. COLD SPRING LANE**Marital Status **DIVORCED**Relationship to groom if any **NONE**License Date **NOV. 5,****85****REV. HATTIE MAE REDD**

Name of Officiating Clergy or Authorized Officer

**PASTOR**

Title and Religious Denomination or Office

**1315 LAFAYETTE AV.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 14 1985****SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41837

LICENSE NO.

130261

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 9th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DAVID PAUL RACHUBA**Age **28** Birthplace **MD.**  
(State)Groom's Residence **1602 RITA RD. BALTO.CO.,MD**Marital Status **SINGLE**Bride's Name **JOYCE ANN KUTA**Age **24** Birthplace **MD.**  
(State)Bride's Residence **2720 MOORGATE RD. BALTO.CO.,MD**Marital Status **SINGLE**Relationship to groom if any **NONE**

REV. RICHARD E. PARKS, PASTOR

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 28 85**

SACRED HEART OF MARY CHURCH

Title and Religious Denomination or Office

TT

6736 YOUNGSTOWN AV. 21222

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 14 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41838

LICENSE NO.

130237

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 9th day of NOVEMBER 1985

BALTIMORE, MD.

the following persons were by me united in marriage at \_\_\_\_\_

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **KEVIN LBE CLARK**  
 Groom's Residence **525 E. PATAPSCO AV.**  
 Bride's Name **DARLENE ARLETTE CINNAMON**  
 Bride's Residence **1517 SYCAMORE ST.**

Age **26** Birthplace **MD.**  
 (State)

Marital Status **SINGLE**

Age **20** Birthplace **MD.**  
 (State)

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**GEORGE E. TUTTLE**

Name of Officiating Clergy or Authorized Officer

**PASTOR THE AMERICA LUTHERAL CHURCH**

Title and Religious Denomination or Office

**312 16th AVE BALTIMORE, MD. 21225**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 14 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date

**OCT 28**

**85**

**JW**

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41839

State of Maryland

LICENSE NO.

130132

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

KENNETH H BUCKLEW

Age 44Birthplace MD.  
(State)Groom's  
Residence

335 S FURROW ST

Marital Status

**DIVORCED**Bride's  
Name

CECELIA A ROBBINS

Age 44Birthplace MD.  
(State)Bride's  
Residence

335 S FURROW ST

Marital Status

**DIVORCED**

Relationship to groom if any

**NONE**

ARTHUR R. KENT

Name of Officiating Clergy or Authorized Officer

BEECHFIELD UNITED METHODIST CHURCH

Title and Religious Denomination or Office

541 S. BEECHFIELD AV. BALTIMORE, MD. 21229

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 14 1985

License Fee \$ 25.00

E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41840

LICENSE NO.

129973

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 9th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ROBERT JOHNSON**

Age **45** Birthplace **MD.**  
(State)

Groom's Residence **1110 FULTON AV.**

Marital Status **SINGLE**

Bride's Name **EVELYN DEAN**

Age **43** Birthplace **MD.**  
(State)

Bride's Residence **2107 CLIFTWOOD AV.**

Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**CARROLL R. MITCHELL**

Name of Officiating Clergy or Authorized Officer

**MINISTER EKKLISIA BIBLE CHAPEL**

License Date **OCT 10 85**

Title and Religious Denomination or Office

**JW 1628 E. 30th ST BALTIMORE MD. 21218**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 1 1985 NOV 1 1985**

License Fee \$ 35.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41841

## Certificate of Marriage

State of Maryland

LICENSE NO.

130197

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1st day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MICHAEL GEORGE CAMPBELL**Age **30** Birthplace **JAMAICA**  
(State)Groom's Residence **4015 FAIRVIEW AV.**Marital Status **SINGLE**Bride's Name **ARLENE PATRICIA POWELL**Age **25** Birthplace **MD:**  
(State)Bride's Residence **224 N. MONROE ST**Marital Status **SINGLE**Relationship to groom if any **NONE****GREGORY C. TURNER**

Name of Officiating Clergy or Authorized Officer

**PASTOR- ST. JOHN'S BAPT. CHURCH**

Title and Religious Denomination or Office

**2929 DUPONT AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 13 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ **25.00**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41842

State of Maryland

LICENSE NO.

130232

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **STANLEY H. WATERS**Age **33** Birthplace **MD.**  
(State)Groom's Residence **2702 SPAUDLING AVE.**Marital Status **DIVORCED**Bride's Name **ROBIN E. BROWN**Age **29** Birthplace **MD.**  
(State)Bride's Residence **3224 GWYNN FALLS PARKWAY**Marital Status **SINGLE**Relationship to groom if any **NONE****WENDELL H. PHILLIPS**

Name of Officiating Clergy or Authorized Officer

**MINISTER -U C C**

Title and Religious Denomination or Office

**3106 LIBERTY HGTS. AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 13 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **OCT. 25, 85**License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41843

State of Maryland

LICENSE NO.

130243

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MARK KOZAK**Age **27** Birthplace **PA.**  
(State)Groom's Residence **693 GLADSTONE AVENUE**Marital Status **SINGLE**Bride's Name **ELIZABETH PAGE OTENASEK**Age **25** Birthplace **MD.**  
(State)Bride's Residence **10 TUNBRIDGE ROAD**Marital Status **SINGLE**Relationship to groom if any **NONE****RAYMOND CHASE**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 25 85****PRIEST- ROMAN CATHOLIC**

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 13 1985**License Fee \$ **25 00****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41844

## Certificate of Marriage

State of Maryland

LICENSE NO.

130247

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **KENNETH LOMOTTE PRIMEAUX** Age **21** Birthplace **MD.**  
(State)

Groom's Residence **1128 E. FAYETTE STREET** Marital Status **SINGLE**

Bride's Name **ANNETTE SIMPSON** Age **19** Birthplace **MD.**  
(State)

Bride's Residence **1128 E. FAYETTE STREET** Marital Status **SINGLE**

Relationship to groom if any **NONE**

MAMIE A. WILLIAMS

Name of Officiating Clergy or Authorized Officer

PASTOR- CENTENNIAL U M C

Title and Religious Denomination or Office

1029 E. MONUMENT ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on **NOV 13 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41845

State of Maryland

LICENSE NO.

130256

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **BOBBY CAPERS**Age **34** Birthplace **S. CAROLINA**  
(State)Groom's  
Residence **2167 PENTWOOD DRIVE**Marital Status **SINGLE**Bride's  
Name **WANDA E. BARNES**Age **30** Birthplace **MARYLAND**  
(State)Bride's  
Residence **2167 PENTWOOD DRIVE**Marital Status **DIVORCED**Relationship to groom if any **NONE****ISAIAH B. CLARKE**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 28 85****ASS'T PASTOR- ANTIOCH MEM. BAPT. CHURCH**

Title and Religious Denomination or Office

**5632 ARNHEIM RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 13 1985**License Fee \$ 55.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41846

## State of Maryland

LICENSE NO.

130268

Copy for State Department of Health and Mental Hygiene

### BALTIMORE CITY (30)

*I Hereby Certify* that on the 8th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

**NORRIS E. COX**

Age **40** Birthplace **N.C.**  
(State)

Groom's  
Residence

**435 ROSECROFT TERRACE.**

Marital Status **DIVORCED**

Bride's  
Name

**MARY A. WARFIELD**

Age **40** Birthplace **MD.**  
(State)

Bride's  
Residence

**435 ROSECROFT TERRACE.**

Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**DAINE A. WAGNER**

Name of Officiating Clergy or Authorized Officer

**MINISTER- MEMORIAL UNITED METH. CHURCH**

Title and Religious Denomination or Office

**3340 FREDERICK AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 13 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41847

State of Maryland

LICENSE NO.

130288

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **GARY J. SPENCER**Age **32** Birthplace **WASH. D.C.**  
(State)Groom's Residence **6509 W. FOREST RD. LANDOVER, MD**Marital Status **SINGLE**Bride's Name **ILER RUTH WILSON**Age **24** Birthplace **MD.**  
(State)Bride's Residence **6509 W. FOREST RD. LANDOVER, MD**Marital Status **DIVORCED**Relationship to groom if any **NONE****LOUIS G. SMITH**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 28 85****PASTOR- ST. MARK UNITED CHURCH, INC.**

Title and Religious Denomination or Office

**6711 CHISHOLM DR.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct copy of a record filed in this

office on

**NOV 13 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41848

LICENSE NO.  
 130181

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 9th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DONALD HAMILTON STRONG**

Age **47** Birthplace **N.Y.**  
 (State)

Groom's Residence **5659 SHEEROCK CT. COLUMBIA, MD.**

Marital Status **DIVORCED**

Bride's Name **SHEILA ROMAINE BUTLER**

Age **31** Birthplace **MD.**  
 (State)

Bride's Residence **5659 SHEEROCK CT. COLUMBIA, MD.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**GEORGE ALEXANDER**

Name of Officiating Clergy or Authorized Officer

**PASTOR- BETHANY BAPTIST CHURCH**

Title and Religious Denomination or Office

**2616 RIGLEY ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct copy of a record filed in this

office on

**NOV 13 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **OCT 21 85**

**JW**

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41849

## State of Maryland

LICENSE NO.

130165

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 9th day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **SCOTT RIDGELY MARTINET**Age **29**Birthplace **MD**  
(State)

Groom's

Residence **3401 MOUNT CARMEL RD. BALTO.CO,MD**Marital Status **SINGLE**

Bride's

Name **LORI JEAN WELSH**Age **26** Birthplace **MD**  
(State)

Bride's

Residence **4300 PINEHURST RD.**Marital Status **SINGLE**Relationship to groom if any **NONE****ALPHONSO G. ROSE**

Name of Officiating Clergy or Authorized Officer

**PRIEST- CATHOLIC**

Title and Religious Denomination or Office

**1701 REGENT RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct record filed in this

office on

**NOV 13 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41850

## Certificate of Marriage

State of Maryland

LICENSE NO.

130120

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **EUGENE T CRAWFORD**Age **23** Birthplace **MD.**  
(State)Groom's  
Residence **2637 HURON ST**Marital Status **SINGLE**Bride's  
Name **TONYA R ROLLINGS**Age **23** Birthplace **MD.**  
(State)Bride's  
Residence **3301 INGLESIDE AVE**Marital Status **SINGLE**  
**NONE**

Relationship to groom if any

**RALPH L. DENNIS**

Name of Officiating Clergy or Authorized Officer

**PASTOR- BETHEL HOLY TABERNACLE**

Title and Religious Denomination or Office

**1606 ASHLAND AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

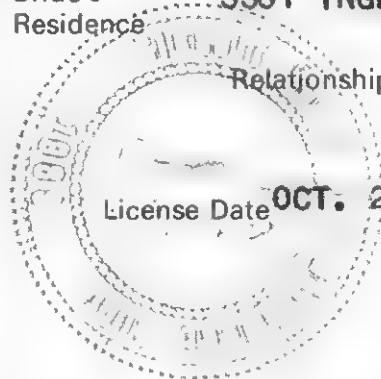
I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 13 1985**License Fee \$ 25.00**SANDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

# Certificate of Marriage

## State of Maryland

85-41851  
 LICENSE NO.  
 130108

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 9th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
 Name

**ALONZO COLVIN SR**

Age 22

Birthplace

**MD.**

Groom's  
 Residence

**1306 W LEXINGTON ST**

Marital Status

**SINGLE**

Bride's  
 Name

**KATIE SMITH**

Age 23

Birthplace

**MD.**

Bride's  
 Residence

**1306 W LEXINGTON ST**

Marital Status

**SINGLE**

**NONE**

Relationship to groom if any

**H.E. FEWS**

Name of Officiating Clergy or Authorized Officer

**PASTOR**

Title and Religious Denomination or Office

**3412 CARLISLE AVENUE**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this  
 office on **NOV 13 1985**

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41852

## Certificate of Marriage

State of Maryland

LICENSE NO.

130054

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **THOMAS WAXTER, JR.**Age **51** Birthplace **MD.**  
(State)Groom's Residence **4721 EAST LANE**Marital Status **DIVORCED**Bride's Name **NANCY W. FROST**Age **45** Birthplace **ILL.**  
(State)Bride's Residence **5 D- HAMILL ROAD**Marital Status **DIVORCED**Relationship to groom if any **NONE**

P. BARRETT RUDD

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 21 85****MINISTER- PRESBYTERIAN CHURCH (USA)**

Title and Religious Denomination or Office

**1601 RIDERWOOD DR.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 13 1985****SAUNDRA E. BANKS, CLERK**License Fee \$ **25.00**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and for-  
warded to the Division of Vital Records, State Depart-  
ment of Health and Mental Hygiene, 201 W. Preston Street,  
Baltimore, MD 21201, upon receipt of page 3, copy of  
Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41853

LICENSE NO.  
 130001

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 9th day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
 Name **JOHN WILLIAM JOHNSON**

Age **43** Birthplace **MD.**  
 (State)

Groom's  
 Residence **7216 OAKHAVEN CIRCLE BALTO.CO., MD.** Marital Status **DIVORCED**

Bride's  
 Name **VILETTA LEWIS MOON**

Age **40** Birthplace **MD.**  
 (State)

Bride's  
 Residence **5012 DICKEY HILL ROAD** Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**WILLIAM C. CALHOUN, SR.**

Name of Officiating Clergy or Authorized Officer

**PASTOR- TRINITY BAPTIST CHURCH**

Title and Religious Denomination or Office

**1601 DRUID HILL AVENUE**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct copy of a record filed in this

office on

**NOV 13 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **OCT 14 85**

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41854

## State of Maryland

LICENSE NO.

130008

Copy for State Department of Health and Mental Hygiene

### BALTIMORE CITY (30)

*I Hereby Certify* that on the 9th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **EDWARD W. SHIFFLETT**

Age **27** Birthplace **VA.**  
(State)

Groom's Residence **132 N. KENWOOD AVENUE**

Marital Status **SINGLE**

Bride's Name **TERESA M. DOYLE**

Age **23** Birthplace **MD.**  
(State)

Bride's Residence **106 N. BELNORD AVENUE**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOHN DIETZENBACH**

Name of Officiating Clergy or Authorized Officer

**PRIEST- ROMAN CATHOLIC**

Title and Religious Denomination or Office

**2638 E. BALTIMORE ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 13 1985**

**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Date **OCT. 14 85**

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41855

## Certificate of Marriage

State of Maryland

LICENSE NO.

130018

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

0: 15

Groom's  
Name

ROBERT LEE GARRIS

Age 32 Birthplace MD.  
(State)Groom's  
Residence

4918 GUNTHER AVENUE

Marital Status SINGLEBride's  
Name

ROBIN PATRICIA CHRISTMAS

Age 26 Birthplace N.J.  
(State)Bride's  
Residence

4918 GUNTHER AVENUE

Marital Status SINGLERelationship to groom if any NONE

JAMES THOMAS

Name of Officiating Clergy or Authorized Officer

License Date OCT. 14 85

PASTOR- JEHOVAH'S WITNESS

Title and Religious Denomination or Office

4013 ELDERON AVENUE

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 13 1985  
SAUNDRA E. BANKS, CLERKLicense Fee \$ 3.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41856

## Certificate of Marriage

State of Maryland

LICENSE NO.

130030

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DAVID BARTLEY BLAINE, JR.** Age **54** Birthplace **VA.**  
(State)  
Groom's Residence **406 D WOODLAKE CT. A.A. CO., MD.** Marital Status **DIVORCED**  
Bride's Name **DAPHNE LEE ENGLAND** Age **35** Birthplace **N.C.**  
(State)  
Bride's Residence **402 SILVERLEAF CT. A.A. CO., MD.** Marital Status **DIVORCED**  
Relationship to groom if any **NONE**

License Date **OCT-18-85** **MARK R. BOLING**  
Name of Officiating Clergy or Authorized Officer  
**PASTOR- BROOKLYN UNITED METH. CHURCH**  
Title and Religious Denomination or Office  
**401 PONTIAC AVE.**  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 13 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41857

## Certificate of Marriage

State of Maryland

LICENSE NO.

129918

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name EDWARD C SILBERZAHN JR Age 25 Birthplace MD.  
(State)Groom's Residence 2031 GRAYLOCK CT HARFORD CO MD Marital Status SINGLEBride's Name CONSTANCE J HARWARD Age 22 Birthplace MD.  
(State)Bride's Residence 6 BUTTRICK CT BALTO CO MD Marital Status SINGLERelationship to groom if any NONEWAYNE G. FUNKLicense Date OCT 17 85 Name of Officiating Clergy or Authorized Officer PASTOR- ST. MATTHEW'S CATHOLIC CHURCHTitle and Religious Denomination or Office 5401 LOCH RAVEN BLVD.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**NOV 13 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41858

State of Maryland

LICENSE NO.

129864

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

DANA KESLING

Age 34Birthplace OHIO  
(State)Groom's  
Residence

459 LAMBERT CT BALTO CO MD

Marital Status

DIVORCED

Bride's  
Name

MICHELE L BROWN

Age 19Birthplace PA  
(State)Bride's  
Residence

229 N CHARLES ST

Marital Status

SINGLE

Relationship to groom if any

NONE

License Date

OCT 4 85

JW

JERRY NOBLE

Name of Officiating Clergy or Authorized Officer

PASTOR- CHURCH OF GOD

Title and Religious Denomination or Office

2130 SMITH AVENUE

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 13 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

85-41859

## Certificate of Marriage

State of Maryland

LICENSE NO.

129857

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **EDWARD D. MARINE** Age **30** Birthplace **MD.**  
(State)  
Groom's Residence **RT. 4 BOX 149, DORCHESTER CO., MD.** Marital Status **SINGLE**  
Bride's Name **SHIELLA SHAW** Age **25** Birthplace **MD.**  
(State)  
Bride's Residence **7321 MALLORY CT.** Marital Status **SINGLE**  
Relationship to groom if any **NONE**

**DANIEL C. DORSEY**

Name of Officiating Clergy or Authorized Officer

**PASTOR - MD. CHURCH OF GOD IN CHRIST, INC.**

Title and Religious Denomination or Office

**5100 DONMERE AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct copy of a record filed in this

office on

**NOV 13 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

*Certificate of Marriage*  
*State of Maryland*

85-41860

LICENSE NO.  
 129793

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 9th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>CALVIN E. KEENEY, JR.</b>	Age	<b>36</b>	Birthplace	<b>MD.</b>
				(State)	<b>DIVORCED</b>
Groom's Residence	<b>3227 DUDLEY AVE.</b>	Marital Status			
Bride's Name	<b>ANGELA M. GENOVESE</b>	Age	<b>36</b>	Birthplace	<b>MD.</b>
				(State)	<b>SINGLE</b>
Bride's Residence	<b>3912 DUDLEY AVE.</b>	Marital Status			

Relationship to groom if any **NONE**

**ROBERT HENRY BROOKMAN**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 8 85**

**ELDER- UNITED METHODIST**

Title and Religious Denomination or Office

**3403 GOUGH ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 13 1985**

License Fee \$ \_\_\_\_\_

**SAUNDRA E. BANKS, CLERK**

Signature Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41861

## Certificate of Marriage

State of Maryland

LICENSE NO.

51755

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 9th day of Nov 1985the following persons were by me united in marriage at Balti. Md

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **BOOKER T. LIVINGSTON, JR.**Age **33** Birthplace **MD.**  
(State)Groom's Residence **529 S. WICKHAM RD.**Marital Status **DIVORCED**Bride's Name **LECKTER C. STACY**Age **32** Birthplace **S. CAR.**  
(State)Bride's Residence **529 S. WICKHAM RD.**Marital Status **DIVORCED**

Relationship to groom if any

**2ND. COUSIN**License Date **NOV. 4,****85**

Name of Officiating Clergyman or Authorized Officer

Henry J. Turner

Title and Religious Denomination or Office

Minister

Address of Clergyman or Authorized Officer

3512 Powhatan Ave

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

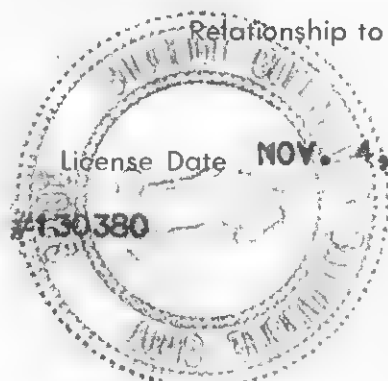
11-13-85

Signature-Clerk of the Court

Carl T. ChesterLicense Fee - Resident \$  
Non-Resident \$

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 301 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

DUPL. #130380



2

## Certificate of Marriage

85-41862

State of Maryland

LICENSE NO.  
129227

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 9<sup>th</sup> day of Nov. 1985the following persons were by me united in marriage at Balto. Md.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

PAUL I LEWIS

Age 33

Birthplace

MD.  
(State)Groom's  
Residence

2 MONTAIGNE CT BALTO CO MD

Marital Status

SINGLE

Bride's  
Name

ROBIN M. LEBOWITZ

Age 29

Birthplace

MD.  
(State)Bride's  
Residence

2 MONTAIGNE CT BALTO CO MD

Marital Status

SINGLE

Relationship to groom if any

NONE

License Date

SEPT 9 85

JW

Name of Officiating Clergyman or Authorized Officer

Title and Religious Denomination or Office

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-13-85

License Fee

\$25.00

SAUNDRA E. BANKS, CLERK

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41863

State of Maryland

LICENSE NO.

128311

Copy for State Department of Health and Mental Hygiene  
BALTIMORE CITY (30)I Hereby Certify that on the 9<sup>th</sup> day of Nov. 1985the following persons were by me united in marriage at Balti. Md.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **VOLTAIRE AUTURO HARRIS**Age **32** Birthplace **N. C.**  
(State)Groom's Residence **4203 PENHURST AVENUE**Marital Status **SINGLE**Bride's Name **PEGGY ANN JACKSON**Age **32** Birthplace **MD.**  
(State)Bride's Residence **140 MIDLAND AVENUE**Marital Status **SINGLE**

Relationship to groom if any

**NONE**License Date **OCT. 30** **85**Milton Lemon  
Name of Officiating Clergyman or Authorized OfficerBaptist Minister  
Title and Religious Denomination or Office5912 Belle Ave.  
Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-13-85License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41864

State of Maryland

LICENSE NO.

128959

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 9<sup>th</sup> day of Nov. 1985the following persons were by me united in marriage at Baltimore Md.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	RAY M. WILLIAMS	Age	53	Birthplace	OHIO
				(State)	
Groom's Residence	63 E. RANDALL ST.	Marital Status	DIVORCED		
Bride's Name	BARBARA J. TEMPLE	Age	43	Birthplace	MD.
				(State)	
Bride's Residence	63 E. RANDALL ST.	Marital Status	DIVORCED		

Relationship to groom if any NONELicense Date OCT. 17 85
Kimberly Tephaback  
 Name of Officiating Clergyman or Authorized Officer

Minister  
 Title and Religious Denomination or Office

4815 Eastern Ave.  
 Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on 11-13-85License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41865

## Certificate of Marriage

State of Maryland

LICENSE NO.

128059

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 10<sup>th</sup> day of Nov- 1985the following persons were by me united in marriage at Balti-Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JAMES H STYLES

Age 29 Birthplace MD  
(State)Groom's  
Residence

217 AUDREY AVE A.A.CO.MD

Marital Status DIVORCEDBride's  
Name

VICKI M. FRANTOM

Age 23 Birthplace MD  
(State)Bride's  
Residence

4702 SCHLEY AVE

Marital Status SINGLE

Relationship to groom if any

NONE

License Date

JULY 18 85

JW

Name of Officiating Clergy or Authorized Officer

Michael Oschuk

Title and Religious Denomination or Office

3803 4th Street

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-13-85

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$

25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41866

## Certificate of Marriage

State of Maryland

LICENSE NO.

130296

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9<sup>th</sup> day of Nov. 19 85

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **RONALD HERBERT HAYES**Age **42** Birthplace **MD.**  
(State)Groom's  
Residence **4306 FERNHILL AVENUE**Marital Status **DIVORCED**Bride's  
Name **JACQUELINE ELAINE BROWN**Age **37** Birthplace **TX.**  
(State)Bride's  
Residence **4205 OAKFORD STREET**Marital Status **DIVORCED**Relationship to groom if any **NONE**License Date **OCT. 31 85**

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41867

LICENSE NO.

130316

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9th day of Nov 1985

the following persons were by me united in marriage at

Balti Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JOHN L. ANTONELLI

Age

26

Birthplace

MD.

(State)

Groom's  
Residence

311 TETRA CT A.A.CO.MD.

Marital Status

SINGLE

Bride's  
Name

DAWN M. MC INNIS

Age

25

Birthplace

MD.

(State)

Bride's  
Residence

311 TETRA CT A.A.CO.MD.

Marital Status

SINGLE

NONE

Relationship to groom if any

License Date **NOVEMBER 1 85**

TT

Allen Novotny

Name of Officiating Clergy or Authorized Officer

Catholic Priest

Title and Religious Denomination or Office

4501 W. Charles ST

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-13-85  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41868

## Certificate of Marriage

State of Maryland

LICENSE NO.

130319

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 9<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balt. Md  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

TIMOTHY P LEAHY

Age 31

Birthplace

WISC

(State)

Groom's  
Residence

31 EAST ST A.A.CO.MD.

Marital Status

SINGLE

Bride's  
Name

EILEEN P GALLAGHER

Age 29

Birthplace

N Y

(State)

Bride's  
Residence

2416 FALLING CREEK RD MONT CO MD

Marital Status

SINGLE

NONE

Relationship to groom if any

License Date **NOV. 5****85**William Mc Mahon

Name of Officiating Clergy or Authorized Officer

Minister

Title and Religious Denomination or Office

Balt. Md

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-13-85License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

64

85-41869

## Certificate of Marriage

State of Maryland

LICENSE NO.

129967

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **EDWARD W FISCHER**Age **29** Birthplace **MD.**  
(State)Groom's Residence **7934 MANSION HOUSE CROSSING A.A.CO.MD.**Marital Status **SINGLE**Bride's Name **DEBRA D ASHENFELTER**Age **29** Birthplace **MD.**  
(State)Bride's Residence **7934 MANSION CROSSING A.A.CO.MD.**Marital Status **DIVORCED**Relationship to groom if any **NONE**

REV. MARK R. BOLING

Name of Officiating Clergy or Authorized Officer

BROOKLYN UNITED METH. CH.

Title and Religious Denomination or Office

401 POUHAC AV. BALTO. MD 21225

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 0 5 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ **25.00**

This copy to be filed by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41870

LICENSE NO.  
 130013

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 2nd day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>JOSEPH L BIVONA</b>	Age	<b>50</b>	Birthplace	<b>N.Y.</b> <small>(State)</small>
Groom's Residence	<b>1110 HAMPTON GARTH BALTO CO MD</b>	Marital Status	<b>DIVORCED</b>		
Bride's Name	<b>LYNN E TOBACK</b>	Age	<b>33</b>	Birthplace	<b>MD.</b> <small>(State)</small>
Bride's Residence	<b>3010 KENYON AVE</b>	Marital Status	<b>DIVORCED</b>		
Relationship to groom if any	<b>NONE</b>				

License Date **OCT. 16,**

**JOHN A. LOVEJOY**  
 Name of Officiating Clergy or Authorized Officer

**85 UNITED METHODIST CHURCH**  
 Title and Religious Denomination or Office

**5710 WHITE AV. BALTIMORE, MD**  
 Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 0 5 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41871

LICENSE NO.

130031

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JEROME JAMES AIKEN**Age **25** Birthplace **MD.**  
(State)Groom's Residence **3503 MENLO DRIVE**Marital Status **SINGLE**Bride's Name **KAREN REBA WILLIAMS**Age **27** Birthplace **MD.**  
(State)Bride's Residence **2929 WOODLAND AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE****JESSE E. YOUNG, JR.**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 16 85****BAPTIST**

Title and Religious Denomination or Office

**5710 HIGHGATE DRIVE**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on **NOV 5 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41872

LICENSE NO.

130358

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 5th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **STANLEY A. TOLSON**Age **42** Birthplace **WASH.D.C.**  
(State)Groom's Residence **2815 WALBROOK AVE.**Marital Status **SINGLE**Bride's Name **DARLENE P. FRANCIS**Age **32** Birthplace **S. CAR.**  
(State)Bride's Residence **3128 BAKER ST.**Marital Status **SINGLE**Relationship to groom if any **NONE****TALBERT GWYNN**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 4 85****ASS'T. MINISTER- CENTRAL CHURCH OF CHRIST**

Title and Religious Denomination or Office

**4301 WOODRIDGE RD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 7 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41873

## Certificate of Marriage

State of Maryland

LICENSE NO.

129566

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of November 1985

the following persons were by me united in marriage at

Baltimore, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

KENNETH R SMITH

Age

37

Birthplace

MD.

(State)

Groom's  
Residence

1139 E NORTHERN PKWY

Marital Status

DIVORCED

Bride's  
Name

ROSLYN Y MILLER

Age

21

Birthplace

MD.

(State)

Bride's  
Residence

27 BLEDSOE CIRCLE BALTO CO MD

Marital Status

SINGLE

Relationship to groom if any

NONE

License Date **SEPT. 23**

85

tt

Name of Officiating Clergy or Authorized Officer

R. Calvin Jordan Jr.  
Pastor St Philips Lutheran Church  
501 N. Caroline St. Baltimore, MD.  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 07 1985****SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature -- Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41874

## Certificate of Marriage

State of Maryland

LICENSE NO.

129770

Copy for State Department of Health and Mental Hygiene

## BALTIMORE CITY (30)

I Hereby Certify that on the 3<sup>rd</sup> day of November 19 85

the following persons were by me united in marriage at

Baltimore, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

GEORGE L FREYMAN

Age 27

Birthplace

MD.

(State)

Groom's  
Residence

308 CHRISTY RD A.A.CO.MD

Marital Status

SINGLE

Bride's  
Name

SUSAN E PFEIFER

Age 26

Birthplace

MD.

(State)

Bride's  
Residence

1119 COWPENS AVE BALTO CO MD

Marital Status

SINGLE

Relationship to groom if any

NONE

License Date

SEPT. 30 85

tt

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office

NOV 07 1985  
SAUNDRA E. BANKS, CLERKLicense Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41875

## Certificate of Marriage

State of Maryland

LICENSE NO.

130115

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of November 19 85

the following persons were by me united in marriage at

Baltimore md  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ROBERT LOUIS BAYLOR**Age **47**Birthplace **MD.**  
(State)Groom's Residence **705 E. 36th STREET**Marital Status **DIVORCED**Bride's Name **ETHEL NAOMI LOWERY**Age **40** Birthplace **VA.**  
(State)Bride's Residence **705 E. 36th STREET**Marital Status **DIVORCED**

Relationship to groom if any

**NONE**License Date **OCT 18 85**

JW

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 07 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25 00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41876

## Certificate of Marriage

State of Maryland

LICENSE NO.

130185

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 2nd day of November 19 85

the following persons were by me united in marriage at

Baltimore, Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

RAYMOND ARNOLD DAVIS

Age 31

Birthplace MD.  
(State)Groom's  
Residence

109 E. CROSS ST.

Marital Status DIVORCED

Bride's  
Name

KATHY LEE FITZGERALD

Age 27

Birthplace MD.  
(State)Bride's  
Residence

109 E. CROSS ST.

Marital Status DIVORCED

Relationship to groom if any NONE

License Date

OCT. 22

85

Name of Officiating Clergy or Authorized Officer

Rev. C. A. Wroten  
Minister Lee Street Memorial Baptist  
109 Warren Ave. Baltimore, Md.  
Title and Religious Denomination or Office  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 07 1985

SAUNDRA E. BANKS, CLERK

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41877

## Certificate of Marriage

State of Maryland

LICENSE NO.

130266

Copy for State Department of Health and Mental Hygiene

## BALTIMORE CITY (30)

I Hereby Certify that on the 2nd day of November 1985the following persons were by me united in marriage at Baltimore, Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **KEVIN GERARD SMITH**  
Groom's Residence **1726 E. LAFAYETTE AV.**Age **27** Birthplace **MD.**  
(State)Marital Status **SINGLE**Bride's Name **LINDA JACKSON**  
Bride's Residence **1726 E. LAFAYETTE AV.**Age **26** Birthplace **MD.**  
(State)Marital Status **SINGLE**Relationship to groom if any **NONE**License Date **OCT. 28,**

85

Name of Officiating Clergy or Authorized Officer

Rev. Dockery S. Thompson  
Pastor Friendship Baptist Church  
1738 Normal Ave.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 07 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41878

## Certificate of Marriage

State of Maryland

LICENSE NO.

130298

Copy for State Department of Health and Mental Hygiene

## BALTIMORE CITY (30)

I Hereby Certify that on the 3rd day of November 19 85

the following persons were by me united in marriage at

Baltimore, md  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

RONALD G SHEARN

Age 28

Birthplace

MD.

(State)

Groom's  
Residence

1248 YOUNG CT

Marital Status

SINGLE

Bride's  
Name

LULA M ALLEN

Age 31

Birthplace

MD.

(State)

Bride's  
Residence

1248 YOUNG CT

Marital Status

DIVORCED

Relationship to groom if any

NONE

License Date OCT 30

85

Name of Officiating Clergy or Authorized Officer

Pastor Joyce A. Liser

Title and Religious Denomination or Office

Independent Assemblies of God

Address of Clergy or Authorized Officer

6601 Cleveland Ave Balto, md 21222

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 07 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41879

## Certificate of Marriage

State of Maryland

LICENSE NO.

130006

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ANTHONY E. ROSE**Age **35** Birthplace **MD.**  
(State)Groom's Residence **1048 BETHUNE RD.**Marital Status **SINGLE**Bride's Name **ELLA M. MC FADDEN**Age **34** Birthplace **S. CAR.**  
(State)Bride's Residence **1048 BETHUNE RD.**Marital Status **SINGLE**Relationship to groom if any **NONE****DAVID T. TOMLIN**

Name of Officiating Clergy or Authorized Officer

**MINISTER- BAPTIST**

Title and Religious Denomination or Office

**1009 PROVIDENCE ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

NOV 6 1985

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41880

State of Maryland

LICENSE NO.

129838

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **PATRICK MICHAEL MC NEW**Age **32** Birthplace **MD.**  
(State)Groom's Residence **3233 FLEET STREET**Marital Status **SINGLE**Bride's Name **DAWN A. CLASING**Age **25** Birthplace **MD.**  
(State)Bride's Residence **3233 FLEET STREET**Marital Status **SINGLE**Relationship to groom if any **NONE****DENNIS M. CARDIFF**

Name of Officiating Clergy or Authorized Officer

**PRIEST- ROMAN CATHOLIC**

Title and Religious Denomination or Office

**2638 E. BALTIMORE ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 6 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date

**OCT 4 85**

JW

License Fee \$ 5.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41881

## State of Maryland

LICENSE NO.

129835

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Heroby Certify* that on the 2nd day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name

**CRAIG MITCHELL SHERWOOD**

Age

**36**

Birthplace

**WASHINGTON**

(State)

Groom's Residence

**2224 HANSON RD.**

Marital Status

**SINGLE**

Bride's Name

**PEARL KALLOO COSTANTINE**

Age

**41**

Birthplace

**TRINIDAD**

(State)

Bride's Residence

**1648 RAMBLEWOOD ROAD**

Marital Status

**DIVORCED**

Relationship to groom if any

**NONE****J. WESLEY POTTER**

Name of Officiating Clergy or Authorized Officer

License Date

**OCT 18 1985****MINISTER**

Title and Religious Denomination or Office

**5908 LOCH RAVEN BLVD.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 6 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

## State of Maryland

85-41882

 LICENSE NO.  
130394

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**
*I Hereby Certify* that on the 4<sup>th</sup> day of NOVEMBER 19 85

 the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name**HARRY J WALKER**Age **27**Birthplace **VA**  
(State)**SINGLE**Groom's  
Residence**2734 LAURETTA AVE**

Marital Status

Bride's  
Name**REGINA L COLE**Age **27**Birthplace **GERMANY**  
(State)**SINGLE**Bride's  
Residence**700 N DENNISON ST**Marital Status  
**NONE**

Relationship to groom if any

**CHARLOTTE MATTHEWS**

Name of Officiating Clergy or Authorized Officer

**PASTOR- BETHEL A.M.E. CHURCH**

Title and Religious Denomination or Office

**1720 FREEDOM WAY**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 6 1985****SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Date **NOV. 4****85**License Fee \$ **25.00**

This copy to be held by the Clerk of the Court, and for-  
warded to the Division of Vital Records, State Depart-  
ment of Health and Mental Hygiene, 201 W. Preston Street,  
Baltimore, MD, 21201, upon receipt of page 3, copy of  
Certificate for Clerk of Court.

2

85-41883

## Certificate of Marriage

State of Maryland

LICENSE NO.

130303

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 30th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **WILLIAM L. DIGGS, JR**Age **22** Birthplace **MD.**  
(State)Groom's  
Residence **2737 E. MURA ST.**Marital Status **SINGLE**Bride's  
Name **LENORA LYNN SAMPSON**Age **19** Birthplace **MD.**  
(State)Bride's  
Residence **7006 N. ALTER ST. BALTO.CO., MD**Marital Status **SINGLE**Relationship to groom if any **NONE****ASDEAN D. JOHNSON**

Name of Officiating Clergy or Authorized Officer

**PASTOR**

Title and Religious Denomination or Office

**1233 N. BOND STREET**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 6 1985****SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

*Certificate of Marriage*  
*State of Maryland*

85-41884

LICENSE NO.

130249

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 2nd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)  
 in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>LEONARD JOSEPH CIOTTA, JR</b>	Age	<b>28</b>	Birthplace	<b>MD.</b> <small>(State)</small>
Groom's Residence	<b>6255 PIMLICO RD.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>CHRISTINE ELIZABETH OBERG</b>	Age	<b>29</b>	Birthplace	<b>MD.</b> <small>(State)</small>
Bride's Residence	<b>6255 PIMLICO RD.</b>	Marital Status	<b>SINGLE</b>		

Relationship to groom if any **NONE**

License Date **OCT. 28<sup>m</sup> 85**

**E. M. TAYLOR**

Name of Officiating Clergy or Authorized Officer

**PRIEST- CATHOLIC**

Title and Religious Denomination or Office

**1701 REGENT RD.**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on NOV 6 1985

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41885

State of Maryland

LICENSE NO.

130198

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

EDWARD D GIBSON

Age 19

Birthplace

MD.

(State)

Groom's  
Residence

3402 LEVERTON AVE

Marital Status

SINGLE

Bride's  
Name

DEBBIE L MIGHT

Age 19

Birthplace

MD.

(State)

Bride's  
Residence

3402 LEVERTON AVE

Marital Status

SINGLE

Relationship to groom if any

NONE

CHARLES P. MARSHALL

Name of Officiating Clergy or Authorized Officer

PASTOR- EMMANUEL LUTHERAN CHURCH

Title and Religious Denomination or Office

3131 E. BALTIMORE ST.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 6 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Date

OCT. 23

85

License Fee \$

35.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41886

State of Maryland

LICENSE NO.  
128328Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**I Hereby Certify that on the 1<sup>ST</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JOE MILLER

Age 23

Birthplace

MD.

(State)

Groom's  
Residence

137 NORTHBEND RD.

Marital Status

SINGLE

Bride's  
Name

HURLIE K. CRADLE

Age 19

Birthplace

MD.

(State)

Bride's  
Residence

137 NORTHBEND RD.

Marital Status

SINGLE

Relationship to groom, if any

NONE

License Date

AUG 1

85

JW

Name of Officiating Clergy or Authorized Officer

Hural Thompson  
Minister

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

1303 Ramblewood Rd

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-5-85  
**SAUNDRA E. BANKS, CLERK**

License Fee \$

25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41887

LICENSE NO.

130307

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 2nd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

KEVIN J. CLANCY

Age

28

Birthplace

MD.

(State)Groom's  
Residence

3 ATHENRY CT. BALTO. CO., MD.

Marital Status

DIVORCED

Bride's  
Name

LORRIE E. BRAMBLE

Age

24

Birthplace

MD.

(State)Bride's  
Residence

3 ATHENRY CT. BALTO. CO., MD.

Marital Status

SINGLE

Relationship to groom if any

NONE

HERBERT

License Date

NOV 1

JW

85

Name of Officiating Clergy or Authorized Officer

PASTOR- IMMANUEL LUTHERAN CHURCH

Title and Religious Denomination or Office

LOCH RAVEN &amp; BELEVEDERE

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 5 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41888

## State of Maryland

LICENSE NO.

130287

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 2nd day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **EDWARD JOSEPH ROBAK**

Age **23** Birthplace **MD.**  
(State)

Groom's Residence **6905 EASTBROOK AV.**

Marital Status **SINGLE**

Bride's Name **BETSY MARIE EDWARDS**

Age **23** Birthplace **FLORIDA**  
(State)

Bride's Residence **2400 BROAD AV. BALTO CO., MD**

Marital Status **SINGLE**

Relationship to groom, if any **NONE**

License Date **OCT 29 85**

**CHESTER J. MIECZKOWSKI**

Name of Officiating Clergy or Authorized Officer

**PASTOR- HOLY ROSARY CHURCH**

Title and Religious Denomination or Office

**408 S. CHESTER ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

**NOV 5 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41889

State of Maryland

LICENSE NO.

130277

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JOHN PATRICK HADDAWAY**Age **25** Birthplace **MD.**  
(State)Groom's Residence **1602-A SOUTH CHARLES ST.**Marital Status **DIVORCED**Bride's Name **JO ANNA MARTIN**Age **22** Birthplace **MD.**  
(State)Bride's Residence **1602-A SOUTH CHARLES ST.**Marital Status **SINGLE**Relationship to groom if any **NONE****JA, ES B. HUFFMAN**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 28 85****PASTOR- LUTHERAN CHURCH IN AMERICA**

Title and Religious Denomination or Office

**214 e. RANDALL ST.**

Address of Clergy or Authorized Officer

tt

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on **NOV 5 1985**License Fee \$ **55.00****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41890

## Certificate of Marriage

State of Maryland

LICENSE NO.

130263

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **GREGORY VAUGHN RICHARDSON** Age **34** Birthplace **MD.**  
(State)

Groom's Residence **1119 WHITELOCK STREET** Marital Status **SINGLE**

Bride's Name **CHERYL JEANNEAN BAILEY** Age **24** Birthplace **MD.**  
(State)

Bride's Residence **900 BARE BRANCH CT. BALTO. CO., MD.** Marital Status **SINGLE**

Relationship to groom if any **NONE**

**HOWARD BROOKS**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 30** **85****ELDER- JEHOVAH'S WITNESS**

Title and Religious Denomination or Office

**1624 MC CULLOH ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 5 1985**License Fee \$ **25.00****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court:

2

85-41891

## Certificate of Marriage

State of Maryland

LICENSE NO.

130226

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

CHARLES W SMITH

Age 71

Birthplace

N.J.

(State)

Groom's  
Residence

5115 BALTIMORE NATIONAL PIKE

Marital Status

DIVORCED

Bride's  
Name

VIRGINIA L BROOKS

Age 63

Birthplace

N CAR

(State)

Bride's  
Residence

5115 BALTIMORE NATIONAL PIKE

Marital Status

DIVORCED

Relationship to groom if any

NONE

ANDREW REAVES

Name of Officiating Clergy or Authorized Officer

PASTOR- EVENING STAR BAPT. CHURCH

Title and Religious Denomination or Office

1505 BRADDISH AVENUE

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

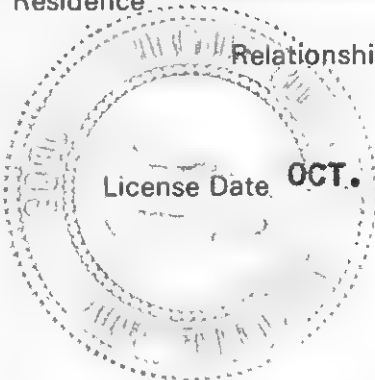
I hereby certify that the above is a true copy of a record filed in this

office on

NOV 5 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41892

State of Maryland

LICENSE NO.

130223

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JOHN P. EMMERLING, JR.** Age **33** Birthplace **MD.**  
(State)

Groom's Residence **16 E. MT. VERNON PLACE** Marital Status **SINGLE**

Bride's Name **LISA C. SARUBIN** Age **28** Birthplace **MD.**  
(State)

Bride's Residence **16 E. MT. VERNON PLACE** Marital Status **SINGLE**

Relationship to groom if any **NONE**

**ARYEH AZRIEL**

Name of Officiating Clergy or Authorized Officer

**RABBI- BALTIMORE HEBREW CONGREGATION**

Title and Religious Denomination or Office

**7401 PARK HEIGHTS AVE.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 5 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41893

## State of Maryland

LICENSE NO.

130219

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 2nd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MATTHEW W. BRAGG** Age **25** Birthplace **W. VA.**  
(State)

Groom's Residence **107 KENILWORTH PARK DR. BALTO.CO., MD** Marital Status **DIVORCED**

Bride's Name **VICKI S. SPIGEL** Age **25** Birthplace **MD.**  
(State)

Bride's Residence **107 KENILWORTH PARK DR. BALTO.CO., MD** Marital Status **SINGLE**

Relationship to groom if any **NONE**

**SIEGFRIED ROWE**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 25,****85 9453 PENFIELD CT.**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 5 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ **25.00**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41894

## State of Maryland

LICENSE NO.

130313

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 2nd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>MICHAEL G. WESTERFELD</b>	Age	<b>32</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>429 ORIOLE AVE. BALTO.CO.,MD.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>MARTHA J. HUNT</b>	Age	<b>27</b>	Birthplace	<b>S. CAR.</b>
				(State)	
Bride's Residence	<b>429 ORIOLE AVE. BALTO.CO.,MD.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

**ERA S. FERRELL**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 1**

**85 ASSOC. MINISTER- EMMANUEL C.C. CHURCH**

Title and Religious Denomination or Office

**1530 W. LEXINGTON ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on **NOV 5 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ **25.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41895

## State of Maryland

LICENSE NO.

130167

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 1st day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MICHAEL L. DIETRICH** Age **29** Birthplace **MD.**  
(State)  
Groom's Residence **305 OVERBROOK RD. BALTO.CO.,MD.** Marital Status **DIVORCED**  
Bride's Name **MARY KEARNY RODGERS** Age **27** Birthplace **MD.**  
(State)  
Bride's Residence **305 OVERBROOK RD. BALTO.CO.,MD.** Marital Status **SINGLE**  
Relationship to groom if any **NONE**

**DONALD F. ETHERTON**

Name of Officiating Clergy or Authorized Officer

**RECTOR- CHRIST CHURCH**

Title and Religious Denomination or Office

**ST. MICHAELS 21663**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ **25.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

## State of Maryland

85-41896

 LICENSE NO.  
130082

 Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**
*I Hereby Certify* that on the 2nd day of NOVEMBER 19 85

 the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

 Groom's Name **WILLIAM P. PAWLAK**

 Age **25** Birthplace **MD.**  
(State)

 Groom's Residence **407 S. EAST AVENUE**

 Marital Status **SINGLE**

 Bride's Name **MARY E. HOLSTEIN**

 Age **23** Birthplace **MD.**  
(State)

 Bride's Residence **7819 FAIRGREEN RD. BALTO. CO. MD** Marital Status **SINGLE**

 Relationship to groom if any **NONE**
THOMAS BURKE
Name of Officiating Clergy or Authorized Officer

 License Date **OCT. 25,**
**85**
PRIEST- ROMAN CATHOLIC
Title and Religious Denomination or Office
600 S. CONKLING ST.
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**SAUNDRA E. BANKS, CLERK**

 License Fee \$ 25.00

Signature - Clerk of the Court

 This copy to be held by the Clerk of the Court, and for-  
 warded to the Division of Vital Records, State Depart-  
 ment of Health and Mental Hygiene, 201 W. Preston Street,  
 Baltimore, MD 21201, upon receipt of page 3, copy of  
 Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41897

LICENSE NO.

130065

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 3rd day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JAMES L WHELAN**

Age **43**

Birthplace

**PA.**

(State)

**DIVORCED**

Groom's Residence **9207 SATYRHILL RD BALTO CO MD**

Marital Status

Bride's Name **TONI A GOODMAN**

Age **31**

Birthplace

**MD.**

(State)

**SINGLE**

Bride's Residence **9207 SATYRHILL RD BALTO CO MD**

Marital Status  
**NONE**

Relationship to groom if any

**SIEGFRIED ROWE**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 17 85**

**CANTOR- JEWISH**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

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2

## Certificate of Marriage

85-41898

State of Maryland

LICENSE NO.

130046

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

ALAN L BOWMAN

Age 21

Birthplace

MD.

(State)

Groom's  
Residence

402 PATLEIGH RD BALTO CO MD

Marital Status

SINGLE

Bride's  
Name

KAREN L ZUKOWSKI

Age 20

Birthplace

ILL

(State)

Bride's  
Residence

123 WILLOW BEND DR BALTO CO MD

Marital Status

SINGLE

Relationship to groom if any

NONE

ARTHUR R. KENT

Name of Officiating Clergy or Authorized Officer

PASTOR- UNITED METH. CHURCH

Title and Religious Denomination or Office

541 S. BEECHFIELD AVE.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Date

OCT. 17, 85

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

## State of Maryland

85-41899

 LICENSE NO.  
 129285

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

 I Hereby Certify that on the 2nd day of NOVEMBER 19 85

 the following persons were by me united in marriage at BALTIMORE, MD.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

 Groom's  
 Name **MORRIS WESLEY GOINES**

 Age **27** Birthplace **MD.**  
 (State)

 Groom's  
 Residence **2517 HOLLINS STREET**

 Marital Status **SINGLE**

 Bride's  
 Name **DEBORAH MICHELLE SIMMONS**

 Age **25** Birthplace **PA.**  
 (State)

 Bride's  
 Residence **329 N. CAREY STREET**

 Marital Status **DIVORCED**

 Relationship to groom if any **NONE**

 License Date **SEPT 11 85**

JW

REV E. ROSS MATTHEWS

Name of Officiating Clergyman or Authorized Officer

UNITED TEMPLE OF GOD, INC

Title and Religious Denomination or Office

827 N. ARLINGTON AV. BALTO, MD. #912

Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 05 1985

SAUNDRA E. BANKS, CLERK

 License Fee \$25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41900

State of Maryland

LICENSE NO.

129188

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 3<sup>rd</sup> day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name STEPHEN V. MAINELLA Age 58 Birthplace MINN.  
(State)  
Groom's Residence 214 S. CHERRY GROVE AVE., A.A. CO., MD Marital Status DIVORCED  
Bride's Name ELEANOR H. BELL Age 46 Birthplace MD.  
(State)  
Bride's Residence 5924 CROSS COUNTRY BLVD. Marital Status WIDOW  
Relationship to groom if any NONE

BENJAMIN DINOVIITZ

Name of Officiating Clergyman or Authorized Officer

License Date SEPT. 6 85

RABBI HEBREW ORTHODOX

Title and Religious Denomination or Office

5920 BLAND AVE 21215

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct copy of a record filed in this

office on

NOV 0 5 1985

SAUNDRA E. BANKS, CLERK

License Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41901

## Certificate of Marriage

State of Maryland

LICENSE NO.

129628

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JAMES B. COOK, JR.**Age **24** Birthplace **MD.**  
(State)Groom's Residence **325 TAPLOW ROAD**Marital Status **SINGLE**Bride's Name **MELANIE A. PIERCY**Age **23** Birthplace **VA.**  
(State)Bride's Residence **1505 PHOENIX RD. BALTO. CO., MD.** Marital Status **SINGLE**Relationship to groom if any **NONE****ALBERT N. HALVERSTART, JR**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 2 85****PRIEST. PR. EPIRCOPAL CHURCH**

Title and Religious Denomination or Office

**2216 POT SPRING RD**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 0 5 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41902

LICENSE NO.  
 129727

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 2nd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>ANTHONY G. MOAG</b>	Age	<b>25</b>	Birthplace	<b>ILL.</b>
				(State)	
Groom's Residence	<b>3625 KIMBLE RD.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>ELIZABETH K. MACSHERRY</b>	Age	<b>24</b>	Birthplace	<b>MD.</b>
				(State)	
Bride's Residence	<b>509 HAWTHORNE RD.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

**MNGR. PAUL G. COOK**

Name of Officiating Clergy or Authorized Officer

**R.C. PRIEST**

Title and Religious Denomination or Office

**101 CHURCH LANE cockeysville md. 21030**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 0 5 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ \_\_\_\_\_

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41903

## State of Maryland

LICENSE NO.

129927

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 2nd day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in, accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **HENRY DOUGLASS ELDER**

Age **79** Birthplace **VA.**  
(State)

Groom's Residence **1612 E. PRESTON STREET**

Marital Status **WIDOWER**

Bride's Name **SARAH DELORES BROWN**

Age **51** Birthplace **MD.**  
(State)

Bride's Residence **1225 LINDEN LEAF COURT**

Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**BISHOP RICHARD W. HARRIS**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 9 85**

**NAZARENE TEMPLE APOSTOLIC FAITH CHURCH**

Title and Religious Denomination or Office

**2312 HARFORD RD**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41904

State of Maryland

LICENSE NO.

130234

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26th day of Oct 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JOHN K. FITZPATRICK**Age **23**

Birthplace

**N.J.**

(State)

Groom's Residence **MONTCLAIR, NEW JERSEY**

Marital Status

**SINGLE**Bride's Name **WENDA L. CUMMINS**Age **23**

Birthplace

**MD.**

(State)

Bride's Residence **MONTCLAIR, NEW JERSEY**

Marital Status

**SINGLE**

Relationship to groom if any

**NONE**

License Date

**OCT. 25 85****TT**

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41905

State of Maryland

LICENSE NO.

130171

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26th day of OCTOBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ALLAN K FAIRLEY**Groom's Residence **VASS N CAR**Bride's Name **DORETHERA STEPNEY**Bride's Residence **2735 CYLBURN AVE**Age **21** Birthplace **N CAR**

(State)

Marital Status

**SINGLE**Age **19** Birthplace **MD.**

(State)

Marital Status

**SINGLE****NONE**

Relationship to groom if any

**WILLIAM E. HAMILTON**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 25****85****PASTOR- STAR OF BETHLEHEM SPIRITUAL TEMPLE**

Title and Religious Denomination or Office

**1111 WEST LANVALE STREET**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**NOV 4 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41906

## Certificate of Marriage

State of Maryland

LICENSE NO.

129814

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85BALTIMORE, MD

the following persons were by me united in marriage at

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **PAUL EDMUND MANZI**Age 28 Birthplace **MASSACHUSETTS**  
(State)Groom's Residence **191 LINEBROOK RD,**Marital Status **SINGLE**Bride's Name **LISA LYNN SCHELL**Age 25 Birthplace **KENTUCKY**  
(State)Bride's Residence **IPSWICH, MASSACHUSETTS**Marital Status **SINGLE**

Relationship to groom if any

**NONE****ROBER P. PATTERSON**

Name of Officiating Clergy or Authorized Officer

**RECTOR, CHURCH OF THE REDEEMER**

Title and Religious Denomination or Office

**5603 N. CHAS. ST**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 0 5 1985****SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41907

State of Maryland

LICENSE NO.  
128658

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 2nd day of NOVEMBER 19 85

BALTIMORE, MD.

the following persons were by me united in marriage at \_\_\_\_\_

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	IRVIN L. ARTER, JR.	Age	27	Birthplace	PA.
					(State)
Groom's Residence	HANOVER, PA.	Marital Status	DIVORCED		
Bride's Name	KATHI A. WEAVER	Age	30	Birthplace	PA.
					(State)
Bride's Residence	HANOVER, PA.	Marital Status	DIVORCED		

Relationship to groom if any NONELicense Date OCT. 25 85

TT

THE REV. DONALD LEE TURLEY  
 Name of Officiating Clergyman or Authorized Officer  
 SENIOR PASTOR SECOND ENG. LUTH. CHURCH  
 Title and Religious Denomination or Office  
 5010 BRIARCLIFF RD. BALTO., MD 21229  
 Address of Clergyman or Authorized Officer

## CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 0 5 1985

SAUNDRA E. BANKS, CLERK

Signature — Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41908

State of Maryland

LICENSE NO.

130262

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name JOHN EDWARD HOCKAge 75 28 Birthplace PA.  
(State)Groom's Residence BLOOMSBURG, PENNSYLVANIAMarital Status SINGLEBride's Name JOANNE NICOLE MANGIONEAge 25 26 Birthplace MD.  
(State)Bride's Residence 2514 PROCTOR LA. BALTO. CO., MD.Marital Status SINGLERelationship to groom if any NONECHARLES O. ROUSE

Name of Officiating Clergy or Authorized Officer

License Date OCT. 25 85ASSOC. PASTOR- ROMAN CATHOLIC PRIEST

Title and Religious Denomination or Office

TT

9499 OLD HARFORD RD.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on NOV 5 1985SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41909

State of Maryland

LICENSE NO.

129608

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 2nd day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **MICHAEL FIOCCO**Age **25** Birthplace **MISSOURI**  
(State)Groom's  
Residence **ALEXANDRIA, VIRGINIA**Marital Status **SINGLE**Bride's  
Name **FAITH ANN FINAMORE**Age **25** Birthplace **WASH., D.C.**  
(State)Bride's  
Residence **15121 RED CLOVER DRIVE MONT.CO., MD.**Marital Status **SINGLE**Relationship to groom if any **NONE****JOHN J. NICOLA**

Name of Officiating Clergy or Authorized Officer

License Date **OCT 22****85 PRIEST- CATHOLIC**

Title and Religious Denomination or Office

**GEORGETOWN PREP.-ROCKVILLE**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 6 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41910

State of Maryland

LICENSE NO.

130147

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 9th day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **THOMAS DAWKINS, JR**Age **34**

Birthplace

**MD.**  
(State)

Groom's

Residence **1901 E. 31ST ST.**

Marital Status

**DIVORCED**

Bride's

Name **JOYCE VALJEAN WYNN**Age **33**

Birthplace

**VA.**  
(State)

Bride's

Residence **5521 COLORADO AV. WASHINGTON, D.C.**

Marital Status

**SINGLE**

Relationship to groom if any

**NONE**

REV. WALTER E. PAIGE

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 24****85**

FAITH BAPTIST CHURCH

Title and Religious Denomination or Office

**833 BOND ST**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 14 1985****SAUNDRA E. BANKS, CLERK**License Fee \$ **25.00**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41911

## Certificate of Marriage

State of Maryland

LICENSE NO.  
130426

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 6th day of Nov. 19 85

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **RANDOLPH LEE FROHNAPFEL**Age **20** Birthplace **W. VA.**  
(State)Groom's Residence **FOLLANSBEE, WEST VIRGINIA**Marital Status **SINGLE**Bride's Name **PENNY JO MYERS**Age **18** Birthplace **OHIO**  
(State)Bride's Residence **WELLSBURG, WEST VIRGINIA**Marital Status **SINGLE**Relationship to groom if any **NONE**License Date **NOV. 6****85**Charles F. Dorod  
Name of Officiating Clergy or Authorized OfficerBaptist Minister  
Title and Religious Denomination or Office223 S. Pulaski ST  
Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on 11/13-85License Fee \$ 55.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41912

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 130513

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 17th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name WALTER EARL SALISBURY Age 31 Birthplace N. CAR.  
(State)

Groom's Residence 32 COUNTRY CLUB DR., GREENVILLE, N. CAR Marital Status SINGLE

Bride's Name SHEILA RENEE BRICKUS Age 23 Birthplace MD:  
(State)

Bride's Residence 700 N. GRANTLEY ST. Marital Status SINGLE

Relationship to groom if any NONE

IRA THOMAS CUTLER

Name of Officiating Clergy or Authorized Officer

PASTOR- AFRICAN METH. EPISCOPAL CHURCH

Title and Religious Denomination or Office

808 WHITMORE AVE.

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 55.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41913

# Certificate of Marriage

## State of Maryland

LICENSE NO.  
130517

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

I Hereby Certify that on the 17th day of Nov. 1985

the following persons were by me united in marriage at

Balti. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **PAUL SEIDEN**

Age **36** Birthplace **NEW YORK**  
(State)

Groom's Residence **TAMPA, FLORIDA**

Marital Status **DIVORCED**

Bride's Name **PATRICIA JEAN HASLBECK**

Age **27** Birthplace **MARYLAND**  
(State)

Bride's Residence **TAMPA, FLORIDA**

Marital Status **SINGLE**

Relationship to groom if any

**NONE**

License Date **NOV. 14 85**

Name of Officiating Clergy or Authorized Officer

**9453 Penfield CT.**

Title and Religious Denomination or Office

**Columbia Md**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**11-17-85**  
**SAUNDRA E. BANKS, CLERK**

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41914

## Certificate of Marriage

State of Maryland

LICENSE NO.

130407

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 9 day of Nov. 19 85

the following persons were by me united in marriage at

Baltimore, Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name STEPHEN MARTIN ODENHEIMERAge 28 Birthplace CALIFORNIA  
(State)Groom's Residence SAN FRANCISCO, CALIFORNIAMarital Status SINGLEBride's Name CORINNE MICHELE SMITHAge 26 Birthplace MARYLAND  
(State)Bride's Residence SAN FRANCISCO, CALIFORNIAMarital Status SINGLERelationship to groom if any NONELicense Date NOV. 6 85

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination of Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 15 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41915

LICENSE NO.

130060

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 16th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **WILLIAM DAVID STANLEY**

Age **29** Birthplace **MD.**  
(State)

Groom's Residence **BEN SALEM, PENNSYLVANIA**

Marital Status **SINGLE**

Bride's Name **BONNIE LYNN TAYLOR**

Age **30** Birthplace **MD.**  
(State)

Bride's Residence **4801 GILRAY DRIVE**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**R. CALVIN JORDAN, JR.**

Name of Officiating Clergy or Authorized Officer

License Date **OCT 18 85**

**PASTOR- ST. PHILIP'S LUTHERAN CHURCH**

Title and Religious Denomination or Office

**501 N. CAROLINE ST.**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 25 1985**

License Fee \$ 27.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41916

State of Maryland

LICENSE NO.  
128614Copy for State Department of Health and Mental Hygiene  
BALTIMORE CITY (30)I Hereby Certify that on the 24th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JEFFERY R KOCH**  
 Groom's Residence **HOUSTON TEXAS**  
 Bride's Name **SUSAN C. FUDMAN**  
 Bride's Residence **HOUSTON TEXAS**

Age **27** Birthplace **GA**  
 (State)

Marital Status **SINGLE**

Age **27** Birthplace **MD.**  
 (State)

Marital Status **SINGLE**  
**NONE**

Relationship to groom if any

MARK G. LOEB

Name of Officiating Clergyman or Authorized Officer

RABBI- BETH ELLONE

Title and Religious Denomination or Office

8101 PARK HEIGHTS 21208

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 27 1985SAUNDRA E. BANKS, CLERK

Signature — Clerk of the Court

License Fee \$

25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41917

## State of Maryland

LICENSE NO.

129960

Copy for State Department of Health and Mental Hygiene

### BALTIMORE CITY (30)

*I Hereby Certify* that on the 23rd day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

STEPHEN F. CLARY

Age 27

Birthplace

MD.

(State)

Groom's  
Residence

ALEXANDRIA, VIRGINIA

Marital Status

SINGLE

Bride's  
Name

BARBARA A. BAGLIANI

Age 23

Birthplace

MD.

(State)

Bride's  
Residence

1306 RED FOX CT. BALTO. CO., MD.

Marital Status

SINGLE

Relationship to groom if any

NONE

JEROME F. TOOLEY

Name of Officiating Clergy or Authorized Officer

PRIEST- ROMAN CATHOLIC

Title and Religious Denomination or Office

1526 COTTAGE LANE.

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985 NOV 26 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41918

## State of Maryland

 LICENSE NO.  
130333

 Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**
*I Hereby Certify* that on the 5TH. day of NOVEMBER 1985

 the following persons were by me united in marriage at BALTIMORE, MD.  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

 Groom's Name **CURTIS WHEELER**

 Age **24** Birthplace **S. CAR.**  
 (State)

 Groom's Residence **4706 GREENSPRING AVE.**

 Marital Status **SINGLE**

 Bride's Name **KAREN L. SMITH**

 Age **20** Birthplace **MD.**  
 (State)

 Bride's Residence **4 N. ASHBURTON ST.**

 Marital Status **SINGLE**

 Relationship to groom if any **NONE**
**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

 License Date **NOV. 1.** **85**
**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 5 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

 License Fee \$ **25.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41919

State of Maryland

LICENSE NO.  
129018

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 5TH day of NOVEMBER 9 19 85

the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name LEO C. HARRINGTON

Age 43 Birthplace WASH. D.C.  
(State)

Groom's Residence 1325 LEMMON ST.

Marital Status DIVORCED

Bride's Name OKENA M. WINSTON

Age 28 Birthplace MD.  
(State)

Bride's Residence 1325 LEMMON ST.

Marital Status SINGLE

Relationship to groom if any

NONE

JOAN C. ANDERSON

Name of Officiating Clergyman or Authorized Officer

License Date OCT 7 85

DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

JW

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee

\$25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41920

## Certificate of Marriage

State of Maryland

LICENSE NO.

130386

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 5TH. day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD,

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **MORRIS FRANKLIN GIBSON**Age **39** Birthplace **PA.**  
(State)Groom's  
Residence **1415 ARGYLE AVENUE**Marital Status **DIVORCED**Bride's  
Name **RACHAEL ANN HEARD**Age **17** Birthplace **MD.**  
(State)Bride's  
Residence **1415 ARGYLE AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**85 DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 5 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41921

## Certificate of Marriage

State of Maryland

LICENSE NO.

130244

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 5TH. day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name WILLIAM ELICERIOAge 39 Birthplace MD.  
(State)

Groom's

Residence 2834 WINCHESTER STREETMarital Status DIVORCED

Bride's

Name DEBORAH DENISE LEEAge 32 Birthplace MD.  
(State)

Bride's

Residence 2 WYNMOOR COURT BALTO. CO., MD.Marital Status SINGLERelationship to groom if any NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

License Date OCT. 25 85

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 5 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41922

## State of Maryland

LICENSE NO.

130421

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 6th day of NOVEMBER 9 19 85

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **VINCENT J. ZAK**

Age **22** Birthplace **CONN.**  
(State)

Groom's Residence **4217 POTTER STREET**

Marital Status **SINGLE**

Bride's Name **SUZANNE C. O'NEILL**

Age **21** Birthplace **FRANCE**  
(State)

Bride's Residence **4217 POTTER STREET**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOHN WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 6**

**85**

**DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 1 1985 NOV 7 1985**

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41923

State of Maryland

LICENSE NO.

130322

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 6TH. day of NOVEMBER <sup>9</sup> 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>MELVIN M. STANLEY</b>	Age	<b>31</b>	Birthplace	<b>GA.</b> (State)
Groom's Residence	<b>2641 KIRK AVE.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>CAROLYN J. BAGLEY</b>	Age	<b>37</b>	Birthplace	<b>N. CAR.</b> (State)
Bride's Residence	<b>2641 KIRK AVE.</b>	Marital Status	<b>DIVORCED</b>		

Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 6 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **OCT. 31 85**License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41924

State of Maryland

LICENSE NO.

130408

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 7TH. day of NOVEMBER 1985BALTIMORE, MD.

the following persons were by me united in marriage at

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MICHAEL P. SPEIGHT**Age **28** Birthplace **MD.**  
(State)Groom's Residence **1208 E. EAGER STREET**Marital Status **SINGLE**Bride's Name **PATRICIA MAE WILSON**Age **34** Birthplace **MD.**  
(State)Bride's Residence **1208 E. EAGER STREET**Marital Status **DIVORCED**

Relationship to groom if any

**NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

License Date **NOV. 7,****85**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 7 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$

**25.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41925

## State of Maryland

LICENSE NO.

130384

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 7TH, 9 day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **PHILLIP SCOTT RICHIE**

Age **20** Birthplace **KENTUCKY**  
(State)

Groom's Residence **221 E. 33rd STREET**

Marital Status **SINGLE**

Bride's Name **DAWN LORENE LEWIS**

Age **16** Birthplace **MARYLAND**  
(State)

Bride's Residence **221 E. 33rd STREET**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 7, 85**

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on **NOV 7 1985**

License Fee \$ **25 00**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41926

State of Maryland

LICENSE NO.

130436

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 7TH day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JAMES FAIRFAX SUMMERVILLE**Age **28** Birthplace **MD.**  
(State)Groom's Residence **1712 WESTWOOD AVENUE**Marital Status **SINGLE**Bride's Name **LAURA ROCHELLE AVERY**Age **26** Birthplace **MD.**  
(State)Bride's Residence **1820 N. FULTON AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 7****B5****DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**NOV 7 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41927

State of Maryland

LICENSE NO.

130363

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 4<sup>th</sup> day of Nov- 9 19 85

the following persons were by me united in marriage at

Baltimore  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **EARL DONALD WALLACE**

Age 25

Birthplace **JAMAICA**  
(State)Groom's Residence **5002 RAINTREE WAY**Marital Status **SINGLE**Bride's Name **LOVETTE JUANITTA WRAN**

Age 21

Birthplace **MARYLAND**  
(State)Bride's Residence **5002 RAINTREE WAY**Marital Status **SINGLE**

Relationship to groom if any

NONELicense Date **NOV 4 85**

JW

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on 11-4-85License Fee \$ 25.00**SANDRA E. DAVIS, CLERK**  
Signature, Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41928

## State of Maryland

 LICENSE NO.  
130367

 Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

 I Hereby Certify that on the 4TH. day of NOVEMBER 1985

 the following persons were by me united in marriage at BALTIMORE, MD.  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

 Groom's  
Name **BOBBIE L. WILLIAMS**

 Age **52** Birthplace **VA.**  
 (State)

 Groom's  
Residence **2318 OSWEGO AVE.**

 Marital Status **DIVORCED**

 Bride's  
Name **VIRGINIA M. FIELDS**

 Age **48** Birthplace **S.C.**  
 (State)

 Bride's  
Residence **2318 OSWEGO AVE.**

 Marital Status **DIVORCED**

 Relationship to groom if any **NONE**
**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**85 DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 4 1985**
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

 License Date **NOV. 4,**

 License Fee \$ **55.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41929

State of Maryland

LICENSE NO.  
128850

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 4th day of Nov 9 1985the following persons were by me united in marriage at Balti Md.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **ROSSI GRANT SIMMS**Age **19** Birthplace **MD.**  
(State)Groom's  
Residence **2406 HOLLINS FERRY ROAD**Marital Status **SINGLE**Bride's  
Name **ZINA CRYSTAL STENNETT**Age **17** Birthplace **MD.**  
(State)Bride's  
Residence **2632 MATTHEWS STREET**Marital Status **SINGLE**Relationship to groom if any **NONE**License Date **AUG. 21**

85

Name of Officiating Clergyman or Authorized Officer

Title and Religious Denomination or Office

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-4-85

SAUNDRA E. BANKS, CLERK

License Fee \$25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41930

State of Maryland

LICENSE NO.  
128701

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 4TH. day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ROBERT JOSEPH STEVENS, JR.**Age **33** Birthplace **GERMANY**  
(State)Groom's Residence **4703 ROLAND AVENUE**Marital Status **SINGLE**Bride's Name **GAYLE ZOLA HERSKOVITZ**Age **36** Birthplace **MARYLAND**  
(State)Bride's Residence **4703 ROLAND AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE**JOAN C. ANDERSON

Name of Officiating Clergyman or Authorized Officer

License Date **SEPT. 23** **85** DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

tt

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 4 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41931

LICENSE NO.

129983

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 4TH. day of NOVEMBER 9 198 5

the following persons were by me united in marriage at BALTIMORE, MD.  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **LOUIS A. WADE** Age **30** Birthplace **MD.**  
 (State)  
 Groom's Residence **2205 E. COLD SPRING LA.** Marital Status **SINGLE**  
 Bride's Name **LACHELLE Y. SCOTT** Age **24** Birthplace **MD.**  
 (State)  
 Bride's Residence **541 E. COLD SPRING LA.** Marital Status **SINGLE**  
 Relationship to groom if any **NONE**

License Date **OCT. 10 85**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on:

**NOV 4 1985**

**SABIDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

*Certificate of Marriage*  
*State of Maryland*

85-41932

LICENSE NO.

130397

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 4TH day of NOVEMBER 9 1985

the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DAVID LEE SHORT**

Age **35** Birthplace **MD.**  
 (State)

Groom's Residence **8 8th ST. WORCHESTER CO., MD.**

Marital Status **DIVORCED**

Bride's Name **DELORES MUNCH BROADMAN**

Age **29** Birthplace **MD.**  
 (State)

Bride's Residence **8 8th ST. WORCHESTER CO., MD.**

Marital Status **DIVORCED**

Relationship to groom-if any **NONE**

**JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date **NOV 4 85** **DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

JW

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on **NOV 4 1985**

License Fee \$ 55.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41933

## Certificate of Marriage

State of Maryland

LICENSE NO.

130357

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 4TH day of NOVEMBER 9 1985BALTIMORE, MD.

the following persons were by me united in marriage at \_\_\_\_\_

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **NICHOLAS R. SIGISMONDI**Age **31**Birthplace **MD.**

(State)

Groom's Residence **124 CALLENDER ST.**Marital Status **DIVORCED**Bride's Name **HILARY BERNADETTE DAVIS**Age **23**Birthplace **MD.**

(State)

Bride's Residence **124 CALLENDER ST**Marital Status **SINGLE**

Relationship to groom if any

**NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**85 DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 4 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date

**NOV. 4,****85**License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41934

## Certificate of Marriage

State of Maryland

LICENSE NO.

130415

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 13TH. day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DAVID EDWIN LUCAS**Age **22** Birthplace **MD.**  
(State)Groom's Residence **421 S. WASHINGTON STREET**Marital Status **SINGLE**Bride's Name **DANA MARIE CHAVIS**Age **19** Birthplace **N.C.**  
(State)Bride's Residence **2019 EASTERN AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 13,****85****DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 13 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ **25.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41935

State of Maryland

LICENSE NO.

129949

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 13TH day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ABDISAMAD A. GEYRE** Age **28** Birthplace **SOMALI E.A.**  
(State)  
Groom's Residence **5044 SILVERHILL CT. APT. 203 P.G.CO., MD.** Marital Status **SINGLE**  
Bride's Name **VERNITA A. FAULKNER** Age **26** Birthplace **WASH.D.C.**  
(State)  
Bride's Residence **5044 SILVERHILL CT. P.G. CO., MD.** Marital Status **SINGLE**  
Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 9****85****DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 55.00**NOV 13 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41936

State of Maryland

LICENSE NO.

130078

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 13TH. day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name**GILBERT L. FLOWERS**Age **51** Birthplace **VA.**  
(State)Groom's  
Residence**2061 ROCKROSE AVENUE**Marital Status **DIVORCED**Bride's  
Name**NORMA J. MAHAFFEY**Age **63** Birthplace **VA.**  
(State)Bride's  
Residence**2061 ROCKROSE AVENUE**Marital Status **WIDOW**

Relationship to groom if any

**NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV 5 85****DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

**JW**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct record filed in this

office

**NOV 13 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41937

## Certificate of Marriage

State of Maryland

LICENSE NO.

130478

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 13th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **KENNETH GARY WHITE**Age **21** Birthplace **MD.**  
(State)Groom's  
Residence **5304 PEERLESS AV.**Marital Status **SINGLE**Bride's  
Name **LUCY JEAN CAMPBELL**Age **21** Birthplace **N.C.**  
(State)Bride's  
Residence **5304 PEERLESS AV.**Marital Status **SINGLE**

Relationship to groom if any

NONELicense Date **NOV. 13** **85**DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 13 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41938

State of Maryland

LICENSE NO.

130505

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 12TH day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name ALAN RICHARD REESE Age 37 Birthplace PA.  
(State)Groom's Residence 4308 ROLAND SPRINGS DRIVE Marital Status SINGLEBride's Name VERONICA SALLES Age 35 Birthplace S. AMERICA  
(State)Bride's Residence 4308 ROLAND SPRINGS DRIVE Marital Status DIVORCEDRelationship to groom if any NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 12 85DEP. CLK.-CIRCUIT COURT OF BALTO.CITY

Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 12 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41939

LICENSE NO.

130151

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 12th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	CHARLES CLINTON WARD	Age	22	Birthplace	MD.
					<small>(State)</small>
Groom's Residence	4747 BELNORD GREEN BALTO. CO., MD.	Marital Status	SINGLE		
Bride's Name	VICKI SUE BAILEY	Age	23	Birthplace	MD.
					<small>(State)</small>
Bride's Residence	4747 BELNORD GREEN BALTO. CO., MD.	Marital Status	SINGLE		
Relationship to groom if any	NONE				

JOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date NOV. 12 85 DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 12 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

*Certificate of Marriage*  
*State of Maryland*

85-41940

LICENSE NO.  
 130437

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 12th day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **KENNETH EMMETT PUTMAN**

Age **21** Birthplace **MD.**  
(State)

Groom's Residence **2638 MILES AVENUE**

Marital Status **SINGLE**

Bride's Name **JODIE LITOFKY**

Age **21** Birthplace **MD.**  
(State)

Bride's Residence **2638 MILES AVENUE**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 12 85** **DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 12 1985**

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41941

State of Maryland

LICENSE NO.

130506

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 12TH day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **KWAME KUNTA HWESI**Age **68** Birthplace **MD.**  
(State)Groom's Residence **833 MC ALEER CT.**Marital Status **SINGLE**Bride's Name **SHIELA L. SESSIONS**Age **33** Birthplace **MD.**  
(State)Bride's Residence **833 MC ALEER CT.**Marital Status **SINGLE**Relationship to groom if any **NONE**JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 12 85****DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 12 1985**License Fee \$ 25.00**SARONDA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41942

State of Maryland

LICENSE NO.

130425

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 8TH day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name HORATIO B. WILLIAMS, JR. Age 30 Birthplace MD.Groom's Residence 3910 NOYES CIR. BALTO.CO., MD. Marital Status DIVORCED

(State)

Bride's Name LINDA J. MIDDLEBROOK Age 29 Birthplace MD.Bride's Residence 5004 LITCHFIELD AVE. Marital Status DIVORCED

(State)

Relationship to groom if any NONE

Name of Officiating Clergy or Authorized Officer

License Date NOV. 785DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 12 1985SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41943

## Certificate of Marriage

State of Maryland

LICENSE NO.

130344

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 8TH day of NOVEMBER 7 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>KENNETH E. MILLER</b>	Age	<b>25</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>3217 VICKERS RD.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>ROSALIND K. WASHINGTON</b>	Age	<b>24</b>	Birthplace	<b>MD.</b>
				(State)	
Bride's Residence	<b>2520 LINDEN AVE.</b>	Marital Status	<b>SINGLE</b>		

Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

License Date **NOV. 4 85**

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on **NOV 8 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41944

## Certificate of Marriage

State of Maryland

LICENSE NO.

130409

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 8TH day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **PHILLIP DAVIS**Age **28** Birthplace **MD.**Groom's Residence **3918 W. GARRISON AVE.**Marital Status **SINGLE**Bride's Name **BERNADETTE T. GARDNER**Age **24** Birthplace **MD.**Bride's Residence **617 LENNON ST.**Marital Status **SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 8 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3; copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41945

## State of Maryland

LICENSE NO.

130451

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 8th day of NOVEMBER 9 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **WILLIAM AMOS BRACCHER**

Age **46** Birthplace **MD.**  
(State)

Groom's  
Residence **3636 KESWICK RD.**

Marital Status **DIVORCED**

Bride's  
Name **WILHEMINA C. PICON**

Age **32** Birthplace **MD.**  
(State)

Bride's  
Residence **3636 KESWICK RD.**

Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 8 85**

**DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 8 1985**

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41946

State of Maryland

LICENSE NO.

130423

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 8TH day of NOVEMBER 7 1985the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

RHOAN G. CURRIE

Age 20

Birthplace JAMAICA  
(State)Groom's  
Residence

9060 TOWN &amp; COUNTRY BLVD.

Marital Status SINGLE

Bride's  
Name

LORIS G. BARRETT

Age 21

Birthplace JAMAICA  
(State)

Bride's

Residence

5038 QUEENSBERRY AVENUE

Marital Status SINGLE

Relationship to groom if any NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 7 85

DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of the record filed in this

office on

SAUNDRA E. BANKS, CLERK

NOV 8 1985

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41947

LICENSE NO.

129697

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 8th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **NORMAN EDWARD BLACKSTON, JR** Age **24** Birthplace **MD.**  
(State)  
 Groom's Residence **8 WALDEN WILLOW CT. BALTO.CO., MD.** Marital Status **SINGLE**  
 Bride's Name **DEBRA CAROL OPPER** Age **24** Birthplace **MD.**  
(State)  
 Bride's Residence **8 WALDEN WILLOW CT. BALTO.CO., MD** Marital Status **DIVORCED**  
 Relationship to groom if any **NONE**

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 8 85** **DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 8 1985**  
**SAUNDRA E. BANKS, CLERK**

License Fee \$

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41948

State of Maryland

LICENSE NO.

130193

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Heroby Certify that on the 8th day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

19  
Groom's  
Name

JAMES E ELEY

Age 29 Birthplace MD  
(State)Groom's  
Residence

2604 MOLTON WAY BALTO CO MD

Marital Status

SINGLE

Bride's  
Name

BARBARA J BANKS

Age 34 Birthplace N CAR  
(State)Bride's  
Residence

2604 MOLTON WAY BALTO CO MD

Marital Status

DIVORCED

Relationship to groom if any

NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 785 DEP. CLK. - CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 8 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41949

LICENSE NO.

130401

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 8TH. day of NOVEMBER 19 85

BALTIMORE, MD.

the following persons were by me united in marriage at \_\_\_\_\_  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **GREGORY B. LYMAN**

Age **30** Birthplace **MD.**

Groom's Residence **1248 WASHINGTON BLVD.**

Marital Status

(State)  
**SINGLE**

Bride's Name **SHARRON L. MC CALLUM**

Age **24** Birthplace **MD.**

Bride's Residence **1248 WASHINGTON BLVD.**

Marital Status

(State)  
**SINGLE**

Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

License Date **NOV. 4 85**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 8 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41950

LICENSE NO.

130491

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 12TH day of NOVEMBER 7 1985

**BALTIMORE CITY**

the following persons were by me united in marriage at \_\_\_\_\_

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JOE C. WELLS, JR.**

Age **35** Birthplace **N.C.**  
 (State)

Groom's Residence **3411 OLD NORTH POINT RD. BALTO. CO., MD.**

Marital Status **SINGLE**

Bride's Name **TERRI L. ERHARDT**

Age **18** Birthplace **MD.**  
 (State)

Bride's Residence **1813 MAXWELL AVE. BALTO. CO., MD.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 12****85****DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**NOV 12 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41951

## Certificate of Marriage

State of Maryland

LICENSE NO.

130489

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 12TH day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name RICHARD L. SAVINA Age 33 Birthplace MD.  
(State)  
Groom's Residence ROUTE 175 BOX 713 HOWARD CO., MD. Marital Status DIVORCED  
Bride's Name LINDA M. HIMES Age 16 Birthplace MD.  
(State)  
Bride's Residence ROUTE 175 BOX #13 HOWARD CO., MD. Marital Status SINGLE

Relationship to groom if any NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 12 85DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 30NOV 12 1985  
SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41952

LICENSE NO.

130446

Copy for State Department of Health and Mental Hygiene

## BALTIMORE CITY (30)

*I Hereby Certify* that on the 12TH day of NOVEMBER 7 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name EUGENE O'NEIL GARNER

Age

28

Birthplace

MD.

(State)

Groom's

Residence 115 BALNEW AVE. BALTO. CO., MD.

Marital Status

SINGLE

Bride's

Name SHERRI LORRAINE TATE

Age

26

Birthplace

MD.

(State)

Bride's

Residence 115 BALNEW AVE. BALTO. CO., MD.

Marital Status

SINGLE

Relationship to groom if any

NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 12 85

DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 12 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41953

## Certificate of Marriage

State of Maryland

LICENSE NO.

130334

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 8TH day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JAMILE RIZO

Age 30 Birthplace TRINIDAD

(State)

Groom's

Residence

2327 MADISON ST

Marital Status SINGLE

Bride's

Name

STEPHANIE A DAVID

Age 36 Birthplace TRINIDAD

(State)

Bride's

Residence

2207 WESTWOOD AVE

Marital Status DIVORCED

Relationship to groom if any

NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 8 85DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 8 1985

SAUNDRA E. BANKS, CLERK

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41954

## Certificate of Marriage

State of Maryland

LICENSE NO.

130433

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 8TH day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **THOMAS EDWARD KRONITZ**Age **43** Birthplace **W. VIRGINIA**  
(State)Groom's Residence **5500 BALLMAN AVE. A.A. CO., MD.**Marital Status **SINGLE**Bride's Name **VICKIE LYNN SHAWKEY**Age **25** Birthplace **MARYLAND**  
(State)Bride's Residence **5500 BALLMAN AVE. A.A. CO., MD.**Marital Status **SINGLE**

Relationship to groom if any

**NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 8****85****DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 8 1985****SAUNDRA E. BARKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41955

LICENSE NO.  
 130359

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 8TH day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>LINWOOD PERKINS, JR.</b>	Age	<b>31</b>	Birthplace	<b>MD.</b>
Groom's Residence	<b>1803 EDMONDSON AVE.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>DIANE CURTIS</b>	Age	<b>29</b>	Birthplace	<b>MD.</b>
Bride's Residence	<b>3308 FOREST PARK AVE.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any		<b>NONE</b>			

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 8**

**85**

**DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 8 1985**

**SAUNDRA E. BANKS, CLERK**

License Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41956

State of Maryland

LICENSE NO.

130430

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 19TH day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>GARFIELD DELANO BROWN</b>	Age	<b>28</b>	Birthplace	<b>JAMAICA</b> (State)
Groom's Residence	<b>5012 WINDSOR MILL ROAD</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>BRENDA SANDERS</b>	Age	<b>36</b>	Birthplace	<b>MARYLAND</b> (State)
Bride's Residence	<b>5012 WINDSOR MILL ROAD</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any		<b>NONE</b>			

BARBARA JEAN PITT

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 19 85****DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**SAUNDRA E. BANKS, CLERK**  
**NOV 19 1985**License Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41957

LICENSE NO.  
 130501

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 19 day of NOV 7 1985

BALTO MD

the following persons were by me united in marriage at \_\_\_\_\_  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
 Name **RAYMOND V. GUTKOSKA, JR**

Age **32** Birthplace **MD.**  
 (State)

Groom's  
 Residence **5409 HIGHRIDGE ST. BALTO.CO.,MD**

Marital Status **DIVORCED**

Bride's  
 Name **SHARON L. GREENSTREET**

Age **44** Birthplace **MD.**  
 (State)

Bride's  
 Residence **5409 HIGHRIDGE ST. BALTO.CO.,MD**

Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date

**NOV 19 85**

Title and Religious Denomination or Office

**DEPUTY CLERK CIRCUIT COURT**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct record of this  
 office on **NOV 19 1985**  
**SHARON L. GREENSTREET, CLERK**

License Fee \$ 2

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41958

LICENSE NO.  
 130424

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 19TH. day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
 Name

**JEROME P COOPER**

Age **56** Birthplace **MD.**  
(State)

Groom's  
 Residence

**2437 REISTERSTOWN RD**

Marital Status

**DIVORCED**

Bride's  
 Name

**TISCHIE L BRISBON**

Age **37** Birthplace **MD.**  
(State)

Bride's  
 Residence

**2437 REISTERSTOWN RD**

Marital Status

**DIVORCED**

**NONE**

Relationship to groom if any

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 12 85**

**DEPUTY CLERK - CRICUIT COURT**

Title and Religious Denomination or Office

**TT**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 19 1985**

License Fee \$ 55.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and for-  
 ward to the Division of Vital Records, State Depart-  
 ment of Health and Mental Hygiene, 201 W. Preston Street,  
 Baltimore, MD 21201, upon receipt of page 3, copy of  
 Certificate for Clerk of Court.

2

85-41959

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.

130593

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 18th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	WILLIAM F. KESSLER, JR.	Age	33	Birthplace	FLA.
					<small>(State)</small>
Groom's Residence	235 S. DUNCAN ST.	Marital Status	SINGLE		
Bride's Name	ROSALEA C. AMMENHAUSER	Age	47	Birthplace	MD.
					<small>(State)</small>
Bride's Residence	235 S. DUNCAN ST.	Marital Status	DIVORCED		
Relationship to groom if any	NONE				

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 18 85 DEP. CLK. -CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 18 1985

License Fee \$ 25.00

SAUNDRA E. DANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41960

## Certificate of Marriage

State of Maryland

LICENSE NO.

130486

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 18TH. day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>LOUIS A. FLEET</b>	Age	<b>37</b>	Birthplace	<b>MD.</b> (State)
Groom's Residence	<b>2228 E. JEFFERSON ST.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>SHARON A. CARSON</b>	Age	<b>27</b>	Birthplace	<b>MD.</b> (State)
Bride's Residence	<b>2228 E. JEFFERSON ST.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

License Date **NOV 13 85****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK- CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 55.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41961

State of Maryland

LICENSE NO.

130395

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 15th day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JOHN B STEELE JR

Age

39

Birthplace

MD.

(State)

DIVORCED

Groom's  
Residence

427 DUMBARTON RD BALTO CO MD

Marital Status

Bride's  
Name

DEBORAH A CRISE

Age

30

Birthplace

MD.

(State)

DIVORCED

Bride's  
Residence

427 DUMBARTON RD BALTO CO MD

Marital Status

NONE

Relationship to groom if any

JOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date

NOV. 8

85

DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 15 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41962

## State of Maryland

LICENSE NO.

130528

Copy for State Department of Health and Mental Hygiene

### BALTIMORE CITY (30)

*I Hereby Certify* that on the 15TH day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **PIETRO A. MESSINA**

Age **30** Birthplace **ITALY**  
(State)

Groom's  
Residence **511 SAVAGE ST.**

Marital Status **DIVORCED**

Bride's  
Name **CYNTHIA DERDA**

Age **26** Birthplace **MD.**  
(State)

Bride's  
Residence **511 SAVAGE ST.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

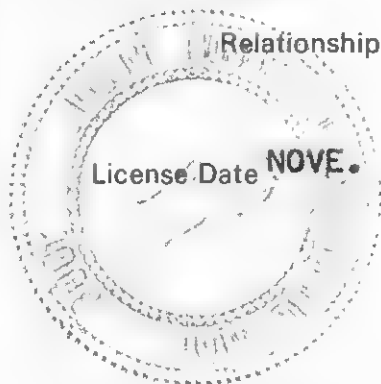
**NOV 15 1985**

**SANDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

*Certificate of Marriage*  
*State of Maryland*

85-41963

LICENSE NO.  
 130541

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 14 day of NOV 9 1985  
**BALTO MD**

the following persons were by me united in marriage at \_\_\_\_\_  
 (City or Town)  
 in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>TERRY M. DUNLAP</b>	Age	<b>25</b>	Birthplace	<b>MD.</b>
Groom's Residence	<b>2722 GILES RD.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>NATALIE A. ARMSTRONG</b>	Age	<b>23</b>	Birthplace	<b>MD.</b>
Bride's Residence	<b>2722 GILES RD.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any		<b>NONE</b>			

License Date **NOV 14 85**

JW

Title and Religious Denomination or Office

**DEPUTY CLERK CIRCUIT COURT**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41964

State of Maryland

LICENSE NO.

130540

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 14TH day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **LARRY WAYNE HOPKINS**Age **30** Birthplace **N.C.**  
(State)Groom's Residence **4223 THAYER COURT.**Marital Status **SINGLE**Bride's Name **SANDRA LEE MCKINNEY**Age **21** Birthplace **MD.**  
(State)Bride's Residence **20 POSTOFFICE AV. LAUREL, MD.**Marital Status **DIVORCED**Relationship to groom if any **NONE**JOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 14 85**DEP. CLK.-CIRCUIT COURT OF BALTO.CITY

Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 14 1985**License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41965

LICENSE NO.

130524

Copy for State Department of Health and Mental Hygiene

## BALTIMORE CITY (30)

I Hereby Certify that on the 14TH day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name HENRY A. HENSLEY, JR. Age 36 Birthplace MD.  
(State)  
Groom's Residence 821 S. FAGLEY ST. Marital Status DIVORCED  
Bride's Name PATRICIA P. OWENS Age 41 Birthplace MD.  
(State)  
Bride's Residence 527 STEWART AVE. A.A. CO., MD. Marital Status DIVORCED  
Relationship to groom if any NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 14 1985  
SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Date NOV. 14, 85

License Fee \$ 5.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41966

LICENSE NO.

130523

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 14th day of NOVEMBER 7 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>NATHAN A. THOMAS</b>	Age	<b>24</b>	Birthplace	<b>MD.</b>
				<small>(State)</small>	
Groom's Residence	<b>216 N. COLLINGTON AVE.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>PAMELA M. BROOKS</b>	Age	<b>23</b>	Birthplace	<b>N. CAR.</b>
				<small>(State)</small>	
Bride's Residence	<b>140 N. COLLINGTON AVE.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

**JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 14 85** **DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 14 1985**  
**SHARON L. BRINKS, CLERK**

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41967

LICENSE NO.

130520

Copy for State Department of Health and Mental Hygiene

## BALTIMORE CITY (30)

I Hereby Certify that on the 14TH day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name ANDRE C. HOLMES

Age 22 Birthplace MD.  
(State)

Groom's Residence 4303 YORK RD.

Marital Status SINGLE

Bride's Name OLABISI M. HOTONU

Age 26 Birthplace NIGERIA  
(State)

Bride's Residence 4303 YORK RD.

Marital Status DIVORCED

Relationship to groom if any NONE

JOAN C. ANDERSON.

Name of Officiating Clergy or Authorized Officer

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 14 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41968

State of Maryland

LICENSE NO.

130532

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 14TH day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JAMES EARL WILLIAMS**Age **25** Birthplace **MD.**  
(State)Groom's Residence **4919 GOODNOW ROAD**Marital Status **SINGLE**Bride's Name **ALEASE BELINDA ASKEW**Age **24** Birthplace **MD.**  
(State)Bride's Residence **4919 GOODNOW ROAD**Marital Status **SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date

**DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 14 1985**  
**SAUNDRA E. BANKS, CLERK**

License Fee \$

**25.00**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41969

State of Maryland

LICENSE NO.

143523

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (50)

I Hereby Certify that on the 14TH day of NOVEMBER 9 1985

BALTIMORE, MD.

the following persons were by me united in marriage at

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **KWAKU CETASAANI**  
Groom's Residence **1425 W. LOMBARD STREET**  
Bride's Name **SANDRA A. DANCE**  
Bride's Residence **2925 WOODLAND AVENUE**

Age **35** Birthplace **MD.**  
(State)  
Marital Status **SINGLE**  
Age **27** Birthplace **MD.**  
(State)  
Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergyman or Authorized Officer

**DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 14 1985**

**SAUNDRA E. BANKS, CLERK**  
Signature-Clerk of the Court

License Fee - Resident \$ **25.00**  
Non-Resident \$

2

## Certificate of Marriage

State of Maryland

85-41970

LICENSE NO.

130284

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

I Hereby Certify that on the 15TH. day of NOVEMBER 9 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name DONALD EDMUND STOKES, JR

Age 25 Birthplace DELWARE (State)

Groom's Residence 143 N. LINWOOD AV.

Marital Status SINGLE

Bride's Name JENNIFER LEE BURNETT

Age 19 Birthplace MD. (State)

Bride's Residence 19 N. BELNORD AV.

Marital Status SINGLE

Relationship to groom if any NONE

JOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date OCT. 28 85

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this office on 11-15-85

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41971

State of Maryland

LICENSE NO.

130534

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 15TH. day of NOVEMBER 1985BALTIMORE, MD.

the following persons were by me united in marriage at \_\_\_\_\_

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

SAMUEL BRUTON, 3RD.

Age 24 Birthplace MD.  
(State)Groom's  
Residence

535 MOSHER ST.

Marital Status SINGLEBride's  
Name

LESIA M. PAIGE

Age 24 Birthplace MD.  
(State)Bride's  
Residence

1112 STRICKER ST.

Marital Status SINGLERelationship to groom if any NONE

JOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

License Date NOV. 14 85

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on \_\_\_\_\_

SANDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

NOV 15 1985

This copy to be filed by the Clerk of the Court, and for-  
warded to the Division of Vital Records, State Depart-  
ment of Health and Mental Hygiene, 201 W. Preston Street,  
Baltimore, MD 21201, upon receipt of page 3, copy of  
Certificate for Clerk of Court.



2

*Certificate of Marriage*  
*State of Maryland*

85-41972

LICENSE NO.  
 130569

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 15TH. day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **CHARLES EDWARD ANDERSON, 2ND**

Age **24** Birthplace **MD.**  
 (State)

Groom's Residence **816 SEAGULL AV.**

Marital Status **SINGLE**

Bride's Name **YVONNE ANNETTE WRIGHT**

Age **23** Birthplace **MD.**  
 (State)

Bride's Residence **738 REEBIRD AV.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41973

LICENSE NO.

130531

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 15TH. day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **CLAYTON EARL SARVIS**

Age **27** Birthplace **N.C.**  
(State)

Groom's Residence **1926 E. PRATT ST.**

Marital Status **SINGLE**

Bride's Name **PATTY ANN RANSOM**

Age **23** Birthplace **MD.**  
(State)

Bride's Residence **1926 E. PRATT ST.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 15, 85**

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 15 1985**

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41974

LICENSE NO.

130044

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 15TH. day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **NATHANIEL RATLIFF**Age **28** Birthplace **S.C.**  
(State)Groom's Residence **5456 JONQUIL AVENUE**Marital Status **SINGLE**Bride's Name **SURTAINO YOLANDER LLOYD**Age **26** Birthplace **MD.**  
(State)Bride's Residence **5456 JONQUIL AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE****JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 17 85** **DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of record filed in this

office on

License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

NOV 15 1985

TT

This copy to be held by the Clerk of the Court, and for-  
warded to the Division of Vital Records, State Depart-  
ment of Health and Mental Hygiene, 201 W. Preston Street,  
Baltimore, MD 21201, upon receipt of page 3, copy of  
Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41975

LICENSE NO.

130564

Copy for State Department of Health and Mental Hygiene

## BALTIMORE CITY (30)

I Hereby Certify that on the 15 day of NOV 1985

BALTO MD

the following persons were by me united in marriage at \_\_\_\_\_  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **WARREN MELVIN SCOTT**

Age **35** Birthplace **MD.**  
(State)

Groom's Residence **2766 KINSEY AV.**

Marital Status **SINGLE**

Bride's Name **RENEE MICHELLE BARBARA JAMES**

Age **28** Birthplace **MD.**  
(State)

Bride's Residence **2766 KINSEY AV.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date

**NOV 15 85**

**JW**

Title and Religious Denomination or Office

**DEPUTY CLERK CIRCUIT COURT**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct copy of a record filed in this

office on

**NOV 15 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature -- Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41976

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 130349

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 15TH. day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name PRESTON YUL BRYLNER REED, JR. Age 22 Birthplace MD.  
 (State)

Groom's Residence 3803 PARKS HEIGHTS AVENUE Marital Status SINGLE

Bride's Name BRIGITTE DENEANE FOREMAN Age 18 Birthplace MD.  
 (State)

Bride's Residence 5203 LIBERTY HEIGHTS Marital Status SINGLE

Relationship to groom if any NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 15 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date NOV. 15, 85

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41977

## State of Maryland

LICENSE NO.

129991

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 15 day of NOV 9 19 85

the following persons were by me united in marriage at BALTO MD  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MICHAEL ANGELO WIMBUSH** Age **21** Birthplace **MD.**  
(State)  
Groom's Residence **1720 E. FAYETTE STREET** Marital Status **SINGLE**  
Bride's Name **ANGELA MARIA WILLIAMS** Age **19** Birthplace **MD.**  
(State)  
Bride's Residence **811 HYDE PARK RD. BALTO. CO., MD.** Marital Status **SINGLE**  
Relationship to groom if any **NONE**

**JOHN F. WANKMILLER**  
Name of Officiating Clergy or Authorized Officer

License Date **NOV 15 85**

JW

Title and Religious Denomination or Office

**DEPUTY CLERK CIRCUIT COURT**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 15 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41978

LICENSE NO.

130559

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 15TH. day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

ABDULHAMID ABDULKADIR

Age 26

Birthplace

ETHIOPIA

(State)

Groom's

Residence

3630 VALLEY TERR BALTO CO MD

Marital Status

DIVORCED

Bride's

Name

FAKIHA TOFIK

Age 16

Birthplace

ETHIOPIA

(State)

Bride's

Residence

3630 VALLEY TERR BALTO CO MD

Marital Status

SINGLE

Relationship to groom if any

NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

-License-Date NOV. 15, 85

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 15 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41979

State of Maryland

LICENSE NO.

130521

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 15th day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	STEPHEN JOHN TANT, SR.	Age	18	Birthplace	MD.
					(State)
Groom's Residence	1041 RIVERSIDE AVENUE	Marital Status	SINGLE		
Bride's Name	KATHY JEAN FORRESTER	Age	18	Birthplace	MD.
					(State)
Bride's Residence	1041 RIVERSIDE AVENUE	Marital Status	SINGLE		
Relationship to groom if any	NONE				

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 15 85

DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on NOV 15 1985License Fee \$ 25.00

SARAH A. E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

# Certificate of Marriage

85-41980

## State of Maryland

LICENSE NO.

130169

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 15TH day of NOVEMBER 7 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name

FREDERICK L RAUH JR

Age 24

Birthplace

MD.

(State)

Groom's Residence

5771 D HAZELWOOD CIRCLE

Marital Status

SINGLE

Bride's Name

MARGARET C JIROUT

Age 22

Birthplace

MD.

(State)

Bride's Residence

5771 D HAZELWOOD CIRCLE

Marital Status

SINGLE

NONE

Relationship to groom if any

JOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date NOV. 15 85

DEP. CLK.-CIRCUIT COURT OF BALTO.CITY

Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 15 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

## State of Maryland

85-41981

 LICENSE NO.  
130542

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**
 I Hereby Certify that on the 15TH. day of NOVEMBER 9 85

 the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

KEVIN ROACH

Age 29

Birthplace MD.  
(State)Groom's  
Residence

814 MONROE ST

Marital Status

SINGLE

Bride's  
Name

VIVIAN WILSON

Age 41 Birthplace N Y  
(State)Bride's  
Residence

814 MONROE ST

Marital Status

SINGLE

Relationship to groom if any

NONE

JOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

License Date NOV. 15 85

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

SAUNDRA E. BANKS, CLERK

NOV 15 1985

License Fee \$ 25.00

Signature - Clerk of the Court

 This copy to be held by the Clerk of the Court, and for-  
warded to the Division of Vital Records, State Depart-  
ment of Health and Mental Hygiene, 201 W. Preston Street,  
Baltimore, MD. 21201, upon receipt of page 3, copy of  
Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-41982

LICENSE NO.

130509

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 15TH. day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

WILLIAM THOMAS JOHNSON

Age 44Birthplace MD.  
(State)Groom's  
Residence

3330 EDMONDSON AVENUE

Marital Status DIVORCEDBride's  
Name

FRANCES M. DARDEN

Age 28 Birthplace VA.  
(State)Bride's  
Residence

3330 EDMONDSON AVENUE

Marital Status DIVORCEDRelationship to groom if any NONEJOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

Licence Date NOV. 15,85DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 15 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41983

## Certificate of Marriage

State of Maryland

LICENSE NO.

130551

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 15TH. day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	DERRELL R. JONES	Age	35	Birthplace	N. CAR.
					(State)
Groom's Residence	3636 PASKIN PL. BALTO.CO.,MD.	Marital Status	SINGLE		
Bride's Name	TAYNA D. SANDERS	Age	25	Birthplace	N.Y.
					(State)
Bride's Residence	3636 PASKIN PL. BALTO.CO.,MD.	Marital Status	SINGLE		
Relationship to groom if any	NONE				

License Date NOV. 15,

85

JOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 15 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41984

## Certificate of Marriage

State of Maryland

LICENSE NO.

130473

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 15th day of NOVEMBER 7 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **BRUCE E. BEST**Age **25** Birthplace **BARBADOS, W.I.**  
(State)Groom's Residence **3524 HAYWARD AVE.**Marital Status **SINGLE**Bride's Name **LINDA C. GRAVES**Age **22** Birthplace **MD.**  
(State)Bride's Residence **2340 NORFOLK ST.**Marital Status **SINGLE**Relationship to groom if any **NONE****JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date **NOV 14 85****DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

JW

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 15 1985****SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41985

State of Maryland

LICENSE NO.

130710

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 25TH day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

LESTER

FLEMING

Age

43

Birthplace

N.Y.

(State)

Groom's  
Residence

4127 MT. WOOD RD.

Marital Status

DIVORCED

Bride's  
Name

BARBARA

A.

SLOWE

Age

37

Birthplace

MD.

(State)

Bride's  
Residence

4114 MT. WOOD RD.

Marital Status

WIDOW

Relationship to groom if any

NONE

JOAN

C.

ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 25

85

DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 25 1985

SAUNDRA E. BANKS, CLERK

License Fee \$

25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41986

LICENSE NO.

130713

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 25TH. day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **CHESTER T. HARDISTY, 3rd** Age **18** Birthplace **MD.**  
(State)  
 Groom's Residence **2605 REDMILES DR. BALTO. CO., MD.** Marital Status **SINGLE**  
 Bride's Name **SANDRA MAE LEONARD** Age **18** Birthplace **MD.**  
(State)  
 Bride's Residence **201 DUKE OF YORK BALTO. CO., MD.** Marital Status **SINGLE**  
 Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 25, 85** **DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true and correct record filed in this

office on

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41987

State of Maryland

LICENSE NO.

130712

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 25TH. day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **BERNARD JOSEPH REITER**Age **28** Birthplace **NEBRASKA**  
(State)

Groom's

Residence **204 S. ATHOL AVENUE**Marital Status **DIVORCED**

Bride's

Name **ROBIN MONIQUE SANCHEZ**Age **26** Birthplace **MARYLAND**  
(State)

Bride's

Residence **204 S. ATHOL AVENUE**Marital Status **DIVORCED**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 25,****85****DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 25 1985**  
**SAUNDRA E. BANKS, CLERK**

License Fee \$

**25.00**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-41988

State of Maryland

LICENSE NO.

130613

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 25TH day of NOVEMBER 9 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	JOSEPH L. OTTEY, SR.	Age	47	Birthplace	MD.
Groom's Residence	306 GUSRYAN. ST.	Marital Status	(State) <b>DIVORCED</b>		
Bride's Name	JOANNA B. MARSKI	Age	40	Birthplace	MD.
Bride's Residence	306 GUSRYAN. ST.	Marital Status	(State) <b>DIVORCED</b>		
Relationship to groom if any	NONE				

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 25 85** **DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 25 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41989

LICENSE NO.  
 130729

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Heroby Certify* that on the 26TH. day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **IOANIS MELISSIDIS** Age **22** Birthplace **GREECE**  
(State)

Groom's Residence **535 S. WICKHAM STREET** Marital Status **SINGLE**

Bride's Name **JULIE F. CAHAN** Age **35** Birthplace **MARYLAND**  
(State)

Bride's Residence **6414 ELRAY DR. BALTO. CO., MD.** Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV 26 85** **DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on **NOV 26 1985**

License Fee \$

**25.00**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

## State of Maryland

85-41990

 LICENSE NO.  
130726

 Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**
*I Hereby Certify* that on the 26TH. day of NOVEMBER 1985

 the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

 Groom's  
Name **ROY BURNS**  
Groom's  
Residence **3921 BOARMAN AV.**

 Age **61** Birthplace **VA.**  
(State)

 Marital Status **SINGLE**

 Bride's  
Name **ADDIE THOMPSON**  
Bride's  
Residence **3922 BOARMAN AV.**

 Age **44** Birthplace **VA.**  
(State)

 Marital Status **SINGLE**

 Relationship to groom if any **NONE**
**JOAN C. ANDERSON**  
Name of Officiating Clergy or Authorized Officer

**85 DEPUTY CLERK - CIRCUIT COURT**  
Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

 I hereby certify that the above is a true copy of a record filed in this  
office on **NOV 26 1985**

 License Fee \$ **25.00**
**SAUNDRA E. BANKS, CLERK**  
Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41991

LICENSE NO.

130535

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 26TH day of NOVEMBER 7 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

WESLEY O WALLACE 3RD

Age 22

Birthplace

MD.

(State)Groom's  
Residence

1811 E EAGER ST

Marital Status

SINGLE

Bride's  
Name

SHELIA A CARR

Age 21

Birthplace

MD.

(State)

Bride's

4916 GUNTHER AVE

Marital Status

SINGLE

Residence

NONE

Relationship to groom if any

BARBARA

J.

PITT

Name of Officiating Clergy or Authorized Officer

DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Date

NOV. 14,

85

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41992

## Certificate of Marriage

State of Maryland

LICENSE NO.

130703

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 26TH. day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	JAMES L. SLATER	Age	63	Birthplace	S. CAR.
				(State)	
Groom's Residence	3615 FOREST PARK AVE.	Marital Status	DIVORCED		
Bride's Name	DOROTHY M. JEFFERSON	Age	45	Birthplace	S. CAR.
				(State)	
Bride's Residence	3615 FOREST PARK AVE.	Marital Status	DIVORCED		
Relationship to groom if any		NONE			

License Date NOV. 26, 85

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on SAUNDRA E. BANKS, CLERK

NOV 26 1985

License Fee \$

25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-41993

State of Maryland

LICENSE NO.

129945

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26TH day of NOVEMBER 7 19 85the following persons were by me united in marriage at BALTIMORE, MD  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name MILTON ALLEN STEVENSON, JR.Age 31 Birthplace MD.Groom's Residence 5407 WABASH AVE.

Marital Status

(State)  
**SINGLE**Bride's Name DIANE MC CROREYAge 30 Birthplace MD.Bride's Residence 5407 WABASH AVE.

Marital Status

(State)  
**SINGLE**Relationship to groom if any NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date OCT. 9 85DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985  
SAUNDRA E. BANKS, CLERKLicense Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-41994

LICENSE NO.

130312

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 6TH. day of NOVEMBER 9 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **STEPHEN ROY BAUER**

Age **22** Birthplace **S. AFRICA**  
(State)

Groom's Residence **931 ST. PAUL ST.**

Marital Status **SINGLE**

Bride's Name **BARBARA JO BAILEY**

Age **30** Birthplace **MD.**  
(State)

Bride's Residence **931 ST. PAUL ST.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

License Date **NOV 1 85**

JW

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 6 1985**

License Fee \$ 20.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-41995

## State of Maryland

LICENSE NO.

130494

Copy for State Department of Health and Mental Hygiene

### BALTIMORE CITY (30)

*I Hereby Certify* that on the 22ND day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JUAN FERNANDEZ

Age 26

Birthplace

PERU

(State)

Groom's  
Residence

1701 BOLTON ST.

Marital Status

SINGLE

Bride's  
Name

STACEY P. SMITH

Age 24

Birthplace

PA.

(State)

Bride's  
Residence

1701 BOLTON ST.

Marital Status

SINGLE

Relationship to groom if any NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 22 85 DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 22 1985**  
**SANDRA E. BANKS, CLERK**

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-41996

## Certificate of Marriage

State of Maryland

LICENSE NO.

130709

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 25TH. day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name RAPHAEL P. KOURNIOTIS Age 28 Birthplace GREECE

(State)

Groom's

Residence 956 HILLSWOOD RD. BALTO.CO., MD. Marital Status DIVORCED

Bride's

Name DINA GLINT Age 23 Birthplace GREECE

(State)

Bride's

Residence 956 HILLSWOOD RD. BALTO.CO., MD Marital Status SINGLE

Relationship to groom if any

NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 25, 85DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 25 1985  
SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$

25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41997

## Certificate of Marriage

State of Maryland

LICENSE NO.

130400

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 25th day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name DIREK N. MELLOAge 22 Birthplace GERMANY  
(State)Groom's Residence 2414 ALBION AVE.Marital Status SINGLEBride's Name DE VELLE R. BROWNAge 21 Birthplace MD.  
(State)Bride's Residence 4923 APT. A GOODNOW RD.Marital Status SINGLERelationship to groom if any NONE

Name of Officiating Clergy or Authorized Officer

License Date NOV. 25 85DEP. CLK. CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on 11-25-85SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be filed by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-41998

## Certificate of Marriage

State of Maryland

LICENSE NO.

130448

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 25th day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name GORDON E. MARTINAge 48 Birthplace NEW JERSEY  
(State)Groom's Residence 3318 O'DONNELL STREETMarital Status DIVORCEDBride's Name BONITA LEE BROWNAge 43 Birthplace MARYLAND  
(State)Bride's Residence 3318 O'DONNELL STREETMarital Status DIVORCEDRelationship to groom if any NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 25 85 DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 25 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-41999

LICENSE NO.  
 130679

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 22ND day of NOVEMBER 9 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
 Name **FRANK VALENTINE, JR.**  
 Groom's  
 Residence **1622 HOMESTEAD STREET**

Age **30** Birthplace **MD.**  
(State)

Marital Status **SINGLE**

Bride's  
 Name **DORMIN VERNITA FENNELL**  
 Bride's  
 Residence **2609 ROBB STREET**

Age **23** Birthplace **MD.**  
(State)

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOHN F. WANKMILLER**

License Date **NOV. 22 85**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 22 1985**

License Fee \$

25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42000

## Certificate of Marriage

State of Maryland

LICENSE NO.  
130698

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 22nd day of NOVEMBER 7 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **JAMES LEO WISNER**Age **27** Birthplace **MD.**  
(State)Groom's  
Residence **3027 NORTH WAY DRIVE.**Marital Status **SINGLE**Bride's  
Name **CHERYL DENISE HUGHES**Age **22** Birthplace **MD.**  
(State)Bride's  
Residence **3027 NORTH WAY DRIVE.**Marital Status **SINGLE**Relationship to groom if any **NONE****JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 22 85****DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ **25.<sup>00</sup>****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42001

## Certificate of Marriage

State of Maryland

LICENSE NO.

130164

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 22ND. day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ROBERT L LIGHTNER**Age **31**Birthplace **MD.**

(State)

Groom's Residence **4914 GUNTHER AVE**

Marital Status

**SINGLE**Bride's Name **LACHELLE D PUGH**Age **30**Birthplace **MD.**

(State)

Bride's Residence **4914 GUNTHER AVE**

Marital Status

**SINGLE**

Relationship to groom if any

**NONE****JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date **OCT 22 85****DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

JW

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00**NOV 22 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42002

## Certificate of Marriage

State of Maryland

LICENSE NO.

130699

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 22ND day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	JESSE M. TROTMAN	Age	47	Birthplace	MD.
				(State)	
Groom's Residence	4200 PARKTON ST.	Marital Status	DIVORCED		
Bride's Name	MARTHA S. WHITE	Age	49	Birthplace	MD.
				(State)	
Bride's Residence	4200 PARKTON ST.	Marital Status	WIDOW		

Relationship to groom if any NONEJOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date NOV. 2285DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 22 1985

License Fee \$

25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42003

State of Maryland

LICENSE NO.

128906

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 22ND day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name EDWARD DAVIS, JR.

Age 32 Birthplace S. C.  
(State)

Groom's

Residence 2113 TUCKER LANE

Marital Status SINGLE

Bride's

Name WANDA C. PIPKIN

Age 29 Birthplace MARYLAND  
(State)

Bride's

Residence 2113 TUCKER LANE

Marital Status SINGLE

Relationship to groom if any NONE

License Date AUG 23 85

JOHN WANKMILLER

Name of Officiating Clergyman or Authorized Officer

DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 22 1985

License Fee \$

25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-42004

## Certificate of Marriage

State of Maryland

LICENSE NO.

130543

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 22ND day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

CHARLES D BROOKS

Age 32

Birthplace

ALA.

(State)

Groom's  
Residence

1703 HOLBROOK ST

Marital Status

DIVORCED

Bride's  
Name

LINDA F THOMPSON

Age 26

Birthplace

ALA.

(State)

Bride's  
Residence

1703 HOLBROOK ST

Marital Status

SINGLE

Relationship to groom if any

NONE

JOHN WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date NOV. 14 85

DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 22 1985

SAUNDRA E. BANKS, CLERK

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42005

## Certificate of Marriage

State of Maryland

LICENSE NO.

130648

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 22nd day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name DOUGLAS A. WEBBAge 24 Birthplace MD.  
(State)Groom's Residence 2716 FREDERICK RD BALTO CO MDMarital Status SINGLEBride's Name DONNA M HINTONAge 18 Birthplace MD.  
(State)Bride's Residence 2716 FREDERICK RD BALTO CO MDMarital Status SINGLERelationship to groom if any NONEJOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date NOV. 22 85 DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 22 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42006

## Certificate of Marriage

State of Maryland

LICENSE NO.

130667

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 22 day of NOV 7 1985

BALTO MD

the following persons were by me united in marriage at \_\_\_\_\_  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ROBERT L. GLOVER**Age **50** Birthplace **GA.**  
(State)Groom's Residence **108 N. SCHROEDER ST.**Marital Status **DIVORCED**Bride's Name **THERESA S. CAREY**Age **30** Birthplace **MD.**  
(State)Bride's Residence **108 N. SCHROEDER ST.**Marital Status **DIVORCED**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

**DEPUTY CLERK CIRCUIT COURT**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 22 1985**  
**SAUNDRA E. BANKS, CLERK**

License Fee \$

25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42007

## Certificate of Marriage

State of Maryland

LICENSE NO.

130637

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 22ND day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

RONALD W JEWELL

Age 23

Birthplace MD.

(State)

Groom's  
Residence

6107 BURCHWOOD AVE

Marital Status

DIVORCED

Bride's  
Name

GAIL P MARZIALE

Age 32

Birthplace MD.

(State)

Bride's  
Residence

6107 BURCHWOOD AVE

Marital Status

DIVORCED

NONE

Relationship to groom if any

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date

NOV 20

85

DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

JW

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 22 1985

License Fee \$ 25.00SANDRA E. BANKS, CLERK  
Signature of Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-42008

LICENSE NO.

130427

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 22ND day of NOVEMBER 1 19 85

the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

ALBERT L. EDWARDS

Age

20

Birthplace

MD.

(State)

Groom's  
Residence

5 YAWMETER DR. BALTO.CO., MD.

Marital Status

SINGLE

Bride's  
Name

PENNY A. PERRY

Age

21

Birthplace

MD.

(State)

Bride's  
Residence

6707 YOUNGSTOWN AVE.

Marital Status

DIVORCED

Relationship to groom if any

NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date

NOV. 14

85

DEP. CLK. -CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 22 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$

35.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42009

## Certificate of Marriage

State of Maryland

LICENSE NO.

130649

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 22nd day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	THOR H. SOLHEIM	Age	57	Birthplace	NORWAY
				(State)	
Groom's Residence	4757 HOMESDALE AVE.	Marital Status	WIDOWER		
Bride's Name	ANNE G. KEYS	Age	51	Birthplace	VA.
				(State)	
Bride's Residence	4757 HOMESDALE AVE.	Marital Status	DIVORCED		
Relationship to groom if any	NONE				

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 22 85

DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-42010

LICENSE NO.

130689

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 22ND day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **WAYNE T. LAVALEE**

Age **29** Birthplace **MASS.**  
(State)

Groom's Residence **312 GREENGATE CT CARROLL CO MD**

Marital Status **SINGLE**

Bride's Name **JUDITH AGUIRRE**

Age **32** Birthplace **C. AMERICA**  
(State)

Bride's Residence **2101 LINDEN LA MONT CO MD**

Marital Status **SINGLE**

Relationship to groom if any

**NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 22 85**

**DEP. CLK.-CIRCUIT COURT OF BALTO.CITY**

Title and Religious Denomination or Office

**TT**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that this is a true copy of a record filed in this

office on

**NOV 22 1985**

License Fee 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42011

State of Maryland

LICENSE NO.

51750

Copy for State Department of Health and Mental Hygiene  
BALTIMORE CITY (30)I Hereby Certify that on the 20TH. day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **KALVIN B. RODGERS**Age **25** Birthplace **MD.**

(State)

Groom's Residence **15 43 MONTIPLIER ST.**

Marital Status

**SINGLE**Bride's Name **MICHELE D. PRICE**Age **22** Birthplace **MD.**

(State)

Bride's Residence **613 E. CHASE ST.**

Marital Status

**SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergyman or Authorized Officer

**85 DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985****SAUNDRA E. BANKS, CLERK**

Signature-Clerk of the Court

License Fee - Resident \$  
Non-Resident \$

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 301 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

License Date **AUG. 22,****UPL. LIC. # 127189****LIC. EXP. DEC. 12, 1985**



2

## Certificate of Marriage

85-42012

State of Maryland

LICENSE NO.

130260

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 20<sup>th</sup> day of Nov. 1985

the following persons were by me united in marriage at

Balto. Md.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

WAYNE A.L. RAMOCAN

Age 23

Birthplace

JAMAICA

(State)

Groom's  
Residence

9612 ORPIN RD BALTO CO MD

Marital Status

SINGLE

Bride's  
Name

SANDRA M COAKLEY

Age 23

Birthplace

BAHAMAS

(State)

Bride's  
Residence

9612 ORPIN RD BALTO CO MD

Marital Status

SINGLE

Relationship to groom if any

NONE

Name of Officiating Clergy or Authorized Officer

License Date

OCT 28 1985

JW

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-20-85

License Fee \$

25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42013

State of Maryland

LICENSE NO.

130630

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 20TH. day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MICHAEL B. BERMAN** Age **46** Birthplace **MD.**  
 Groom's Residence **3321 MORAVIA RD.** Marital Status **DIVORCED**  
 Bride's Name **THERESA S. MARKS** Age **36** Birthplace **FLA.**  
 Bride's Residence **3321 MORAVIA RD.** Marital Status **SINGLE**  
 Relationship to groom if any **NONE**

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 20, 85** **DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985**License Fee \$ 25.00**SAUNDRA E. BARNES, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-42014

LICENSE NO.  
 130297

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 20TH. day of NOVEMBER 1 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
 Name

JOHN P WILLIAMS

Age 46

Birthplace MD.  
 (State)

Groom's  
 Residence

610 S BRADFORD ST

Marital Status

DIVORCED

Bride's  
 Name

HAZEL M LONGMIRE

Age 50

Birthplace MD.  
 (State)

Bride's  
 Residence

610 S BRADFORD ST

Marital Status  
 NONE

DIVORCED

Relationship to groom if any

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 4, 85

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 20 1985

SAUNDERS E. BANKS, CLERK

License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-42015

## State of Maryland

LICENSE NO.

130587

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 20TH. day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **WILLIE MCNEILL, JR**Age **40**Birthplace **N.C.**

(State)

Groom's

Residence **2 SHARROW COURT. BALTO.CO., MD**Marital Status **DIVORCED**

Bride's

Name **JANNIE M. BROOKS**Age **36**Birthplace **MD.**

(State)

Bride's

Residence **8626 PIONEER DR. SEVERN, MD.**Marital Status **DIVORCED**

Relationship to groom if any

**NONE****JOHN****F.****WANKMILLER**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 20 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42016

## Certificate of Marriage

State of Maryland

LICENSE NO.

130644

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 20TH day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name BURNELL ALEXANDER PERKINSAge 31 Birthplace MD.  
(State)Groom's  
Residence 2621 LOYOLA NORTHWAYMarital Status SINGLEBride's  
Name GWENDOLYN I. FORDAge 25 Birthplace MD.  
(State)Bride's  
Residence 2621 LOYOLA NORTHWAYMarital Status SINGLERelationship to groom if any NONEJOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date NOV. 2085DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 20 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK  
Signature Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42017

## Certificate of Marriage

State of Maryland

LICENSE NO.

130687

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 22 day of NOV 9 1985the following persons were by me united in marriage at BALTO MD  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JAMES EVANS OLIVER, JR.**Age **26** Birthplace **MD.**  
(State)Groom's Residence **2109 PENTLAND DRIVE**Marital Status **SINGLE**Bride's Name **SOPHIA ALICE BOONE**Age **31** Birthplace **N. C.**  
(State)Bride's Residence **2109 PENTLAND DRIVE**Marital Status **SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV 22 85**

JW

Title and Religious Denomination or Office

**DEPUTY CLERK CIRCUIT COURT**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 22 1985**

License Fee \$

25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42018

## Certificate of Marriage

State of Maryland

LICENSE NO.

130597

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 22 day of Nov. 9 1985

the following persons were by me united in marriage at

Baltimore  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JAMES FRANKLIN

Age 31

Birthplace

MD.  
(State)Groom's  
Residence

2905 MT. HOLLY STREET

Marital Status SINGLE

Bride's  
Name

PRAMATIE RAMPERSAD

Age 20

Birthplace

TRINIDAD  
(State)Bride's  
Residence

2712 GARRISON BLVD.

Marital Status SINGLE

Relationship to groom if any

NONE

License Date

NOV 22

85

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-22-85  
SAUNDRA E. BANKS, CLERKLicense Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-42019

LICENSE NO.  
 130680

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 22ND day of NOVEMBER 9 19 85

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **BRIAN A SCOTT**

Age **20** Birthplace **MD.**  
(State)

Groom's Residence **3656 PASCAL PL BALTO CO MD**

Marital Status **SINGLE**

Bride's Name **THERESA E EDWARDS**

Age **18** Birthplace **N Y**  
(State)

Bride's Residence **3656 PASCAL PL BALTO CO MD**

Marital Status **SINGLE**

**NONE**

Relationship to groom if any

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 22 85**

**DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on **NOV 22 1985**

**SAUNDRA E. BANKS, CLERK**

License Fee \$

25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-42020

State of Maryland

LICENSE NO.  
128782

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 21ST day of NOVEMBER 1 19 85

the following persons were by me united in marriage at BALTIMORE CITY

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name MARK F. KISER  
Groom's Residence 3015 VIRGINIA AVENUEAge 28 Birthplace WASH., D.C.  
(State)

Marital Status SINGLE

Bride's Name CAROL P. DUNSTAN  
Bride's Residence 5256 CORDELIA AVENUEAge 23 Birthplace JAMAICA  
(State)

Marital Status SINGLE

Relationship to groom if any NONE

JOAN C. ANDERSON

License Date SEPT. 3 85

Name of Officiating Clergyman or Authorized Officer

DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 21 1985

SAUNDRA E. BANKS, CLERK

License Fee \$25.00

Signature - Clerk of the Court.

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42021

*Certificate of Marriage*  
*State of Maryland*

LICENSE NO.  
 130657

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 21ST. day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **STEVE INKOOK HONG**

Age **41** Birthplace **KOREA**  
 (State)

Groom's Residence **111 HAMLET HILL ROAD**

Marital Status **DIVORCED**

Bride's Name **YONG AE KIM**

Age **33** Birthplace **KOREA**  
 (State)

Bride's Residence **111 HAMLET HILL ROAD**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 21, 85**

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 21 1985**

License Fee \$

**25.00**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-42022

LICENSE NO.

130566

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 21ST day of NOVEMBER 9 1985

the following persons were by me united in marriage at BALTIMORE, MD

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>JEROME L. SOMERVILLE</b>	Age	<b>46</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>1044 N. BROADWAY</b>	Marital Status	<b>DIVORCED</b>		
Bride's Name	<b>JANIE R. WILLIS</b>	Age	<b>36</b>	Birthplace	<b>W. VA.</b>
				(State)	
Bride's Residence	<b>1044 N. BROADWAY</b>	Marital Status	<b>DIVORCED</b>		
Relationship to groom if any	<b>NONE</b>				

**JOAN. C. ANDERSON.**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 21**

**85 DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 21 1985**

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42023

State of Maryland

LICENSE NO.

130625

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 21ST. day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **BOBBY J. DIGGS**Age **33** Birthplace **VA.**

(State)

Groom's Residence **4703 DELAWARE AVE.**

Marital Status

**SINGLE**Bride's Name **SHIRLEY HOUSE**Age **32** Birthplace **MD.**

(State)

Bride's Residence **4703 DELAWARE AVE.**

Marital Status

**SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

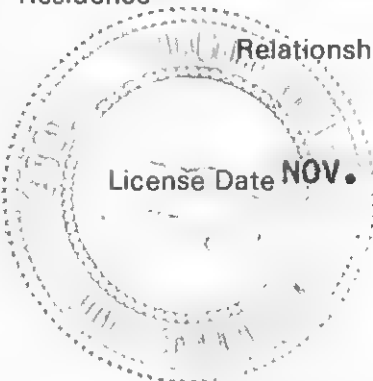
I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 21 1985**License Fee \$ 55.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-42024

## Certificate of Marriage

State of Maryland

LICENSE NO.

129869

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1ST. day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

CHARLES F WARD

Age 41

Birthplace

VA

(State)

Groom's  
Residence

817 S FAGLEY ST

Marital Status

DIVORCED

Bride's  
Name

MARY C VEST

Age 42

Birthplace

MD.

(State)

Bride's  
Residence

817 S FAGLEY ST

Marital Status

DIVORCED

Relationship to groom if any

NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 1 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Date NOV. 1,

85

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42025

## Certificate of Marriage

State of Maryland

LICENSE NO.

130342

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1ST day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JOHN CHRISTOPHER TANNER** Age **25** Birthplace **N. CAROLINA**  
 (State)  
 Groom's Residence **1555 MARLBORO PIKE P.G. CO., MD.** Marital Status **SINGLE**  
 Bride's Name **GWENDOLYN ROCHELLE ROLLINS** Age **22** Birthplace **NEW YORK**  
 (State)  
 Bride's Residence **1524 N. BOND STREET** Marital Status **SINGLE**  
 Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 1 85** **DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct record filed in this

office on

License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42026

## Certificate of Marriage

State of Maryland

LICENSE NO.

130327

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1ST. day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **THOMAS TSATSOS**Age **21** Birthplace **GREECE**  
(State)Groom's  
Residence **2117 E. PRATT ST.**Marital Status **SINGLE**Bride's  
Name **KIMBERLY STEWART**Age **22** Birthplace **MD.**  
(State)Bride's  
Residence **2117 E. PRATT ST.**Marital Status **SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 1, 85****DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of the record filed in this  
office on **NOV 1 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42027

## Certificate of Marriage

State of Maryland

LICENSE NO.

129634

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 31 day of OCT 9 19 85the following persons were by me united in marriage at BALTO MD  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

VENERANDO M CALDERON

Age 27 Birthplace

PHILIPPINES

(State)

Groom's  
Residence

1902 PENROSE AVE

Marital Status

SINGLE

Bride's  
Name

MARIA R MEJIA

Age 27 Birthplace

PHILIPPINES

(State)

Bride's  
Residence

7518 EAGLE WALK CT BALTO CO MD

Marital Status

SINGLE

Relationship to groom if any

NONE

License Date

OCT 31 85

JW

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

DEPUTY CLERK CIRCUIT COURT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.0011-1-85  
SAUNDRA E. BANKS, CLERK

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-42028

## Certificate of Marriage

State of Maryland

LICENSE NO.

130326

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 31ST. day of OCTOBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **MITCHELL L. CURTIS**Age **52** Birthplace **MD.**  
(State)Groom's  
Residence **3809 WABASH AVENUE**Marital Status **WIDOWER**Bride's  
Name **DEBORAH S. WILKENS**Age **22** Birthplace **MD.**  
(State)Bride's  
Residence **3809 WABASH AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE****JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 1 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **OCT. 31, 85**License Fee \$ **35.00**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42029

State of Maryland

LICENSE NO.

130279

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 31ST. day of OCTOBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ROBERT JOHN CARMICHAEL, JR.** Age **40** Birthplace **MD.**  
(State)

Groom's Residence **1507 SOUTH TOWER, 15 CHARLES PLAZA** Marital Status **WIDOWER**

Bride's Name **CONCETTA M. O'NEILL** Age **39** Birthplace **MD.**  
(State)

Bride's Residence **1507 SOUTH TOWER, 15 CHARLES PLAZA** Marital Status **DIVORCED**

Relationship to groom if any **NONE**

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 28 85** DEPUTY CLERK- CIRCUIT COURT

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42030

State of Maryland

LICENSE NO.

130269

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 31ST day of OCTOBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>GAYLLOYD C. LAWRENCE</b>	Age	<b>24</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>4455 PALL MALL RD.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>BRIDGETTE D. LUNDY</b>	Age	<b>23</b>	Birthplace	<b>VA.</b>
				(State)	
Bride's Residence	<b>69 S. MORLEY ST.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

JOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 31****85****DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 55.00**OCT 31 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

State of Maryland

85-42031

LICENSE NO.

130372

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 4TH. day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **NATHANIEL TINCE WEAVER**Age **31**

Birthplace

**MD.**

(State)

Groom's Residence **1655 MC KEAN AVENUE**

Marital Status

**DIVORCED**Bride's Name **ANNETTE BERONICA CHAMBERS**Age **22**

Birthplace

**MD.**

(State)

Bride's Residence **1655 MC KEAN AVENUE**

Marital Status

**SINGLE**

Relationship to groom if any

**NONE**License Date **NOV. 4,****85****DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 4 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42032

## Certificate of Marriage

State of Maryland

LICENSE NO.

130350

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1 day of NOV 9 1985the following persons were by me united in marriage at BALTO MD

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ANTHONY A. ARRIVE**Age **27** Birthplace **MICHIGAN**  
(State)Groom's Residence **2137 N. SMALLWOOD ST.**Marital Status **DIVORCED**Bride's Name **DENISE L. TATE**Age **25** Birthplace **PA.**  
(State)Bride's Residence **3609 CEDARDALE RD.**Marital Status **SINGLE**Relationship to groom if any **NONE****JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date **NOV 1** **85**

Title and Religious Denomination or Office

**DEPUTY CLERK CIRCUIT COURT**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-42033

LICENSE NO.

130299

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 1ST. day of NOVEMBER 9 1985

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	DAN. R. MISTER, JR.	Age	50	Birthplace	MD.
				(State)	
Groom's Residence	2270 DRUID PARK DR.	Marital Status	WIDOWER		
Bride's Name	ROSEMARY S. WARD	Age	34	Birthplace	MD.
				(State)	
Bride's Residence	2270 DRUID PARK DR.	Marital Status	DIVORCED		
Relationship to groom if any	NONE				

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

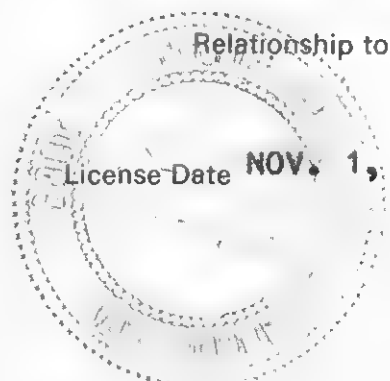
office on

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-42034

## Certificate of Marriage

State of Maryland

LICENSE NO.

130250

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1st day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JAMES EDWIN THOMAS**Age **35**Birthplace **MD.**  
(State)Groom's Residence **RT 4, BOX 46. LEXINGTON, PK., MD**Marital Status **DIVORCED**Bride's Name **CHARLESTINE DIANE CAIN**Age **35**Birthplace **MD.**  
(State)Bride's Residence **219 N. CULVER ST. 21229**Marital Status **DIVORCED**Relationship to groom if any **NONE****JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 1 85****DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on **NOV 1 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42035

## Certificate of Marriage

State of Maryland

LICENSE NO.

130339

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 31st. day of NOV. 1985the following persons were by me united in marriage at BALTIMORE, CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>FRANK R. FERRARO</b>	Age	<b>38</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>2807 MONTEBELLO TERR.</b>	Marital Status	<b>DIVORCED</b>		
Bride's Name	<b>DENISE C. DEL PINTO</b>	Age	<b>33</b>	Birthplace	<b>PA.</b>
				(State)	
Bride's Residence	<b>2807 MONTEBELLO TERR.</b>	Marital Status	<b>DIVORCED</b>		

Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 1****85**Title and Religious Denomination or Office  
**DEPUTY CLERK CIRCUIT COURT**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of record filed in this

office on

**NOV 1 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-42036

## Certificate of Marriage

State of Maryland

LICENSE NO.

130324

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1ST day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name ISAAC A. GAYLORD, JR.Age 33 Birthplace MD.

(State)

Groom's Residence 902 N. CHESTER ST.

Marital Status

**DIVORCED**Bride's Name EVERLENA M. HURSTAge 20 Birthplace MD.

(State)

Bride's Residence 2633 E. OLIVER ST.

Marital Status

**SINGLE**Relationship to groom if any NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 1 85DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00NOV 1 1985  
SAUNDRA E. BANKS, CLERK

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42037

## Certificate of Marriage

State of Maryland

LICENSE NO.

129798

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1ST day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above. ✓

Groom's

Name JAMES HARRIS, JR.Age 33 Birthplace MD.  
(State)Groom's  
Residence 3716 OVERVIEW RD.Marital Status SINGLEBride's  
Name PAULETTE V. PAYNEAge 41 Birthplace MD.  
(State)Bride's  
Residence 3716 OVERVIEW RD.Marital Status SINGLERelationship to groom if any NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 1 85DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this  
office on NOV 1 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42038

## Certificate of Marriage

State of Maryland

LICENSE NO.

129706

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1ST. day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **ROBERT CONRAD JACKSON**Age **24** Birthplace **MD.**  
(State)Groom's  
Residence **3314 W. BELVEDERE AV.**Marital Status **SINGLE**Bride's  
Name **CINDY HENRIETTA SMITHWICK**Age **25** Birthplace **MD.**  
(State)Bride's  
Residence **3314 W. BELVEDERE AV.**Marital Status **SINGLE**Relationship to groom if any **NONE****CHARLES W. MACKEY**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 1, 85****DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 1 1985**License Fee \$           **SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42039

State of Maryland

LICENSE NO.

130208

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1ST day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name JOSEPH ORLANDO WILLIAMS, JRAge 30Birthplace WASH. D.C.  
(State)Groom's  
Residence 2213 TUCKER LANE.Marital Status SINGLEBride's  
Name AIDA EVA JONESAge 30Birthplace MD.  
(State)Bride's  
Residence 3928 NOYES CIRCLE. BALTO.CO., MDMarital Status DIVORCEDRelationship to groom if any NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date OCT. 2385DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 1 1985  
SAUNDRA E. BANKS, CLERKLicense Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42040

State of Maryland

LICENSE NO.

130203

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 1ST day of NOVEMBER <sup>9</sup> 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	DALE A. MC CULLOUGH	Age	32	Birthplace	MD.
Groom's Residence	3207 RAVENWOOD AVE.	Marital Status	SINGLE		
Bride's Name	ROBIN L. FORMAN	Age	24	Birthplace	MD.
Bride's Residence	556 YALE AVE.	Marital Status	SINGLE		

Relationship to groom if any NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

DEP. CLK. - CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00NOV 1 1985  
SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42041

## Certificate of Marriage

State of Maryland

LICENSE NO.

130376

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 4TH. day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **STEVE M. NICKENS**Age **37** Birthplace **MD.**  
(State)Groom's Residence **6701 WILMONT DR. BALTO. CO., MD.** Marital Status **DIVORCED**Bride's Name **LAURA R. WILKINS**Age **33** Birthplace **MD.**  
(State)Bride's Residence **39 N. BERNICE AVENUE** Marital Status **SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 4,****85****DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on **NOV 4 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-42042

LICENSE NO.

130771

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 29th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **VILLARUEL ANGELES**Age **30** Birthplace **PHILIPPINES**

(State)

Groom's

Residence **324 S. PULASKI ST.**Marital Status **DIVORCED**

Bride's

Name **CECILIA MARIE WAY**Age **35** Birthplace **MD.**

(State)

Bride's

Residence **2112 ASHTON ST.**Marital Status **DIVORCED**

Relationship to groom if any

**NONE****THERESA A. TUTMAN**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 29****85 DEP. CLK.-CIRCUIT COURT OF BALTO.CITY**

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-42043

LICENSE NO.  
 130752

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 29TH. day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **GERALD GRANT**

Age 19 Birthplace MD.  
(State)

Groom's

Residence **2226 E. MADISON ST.**

Marital Status **SINGLE**

Bride's

Name **MICHELLE ROBERTS**

Age 18 Birthplace MD.  
(State)

Bride's

Residence **4104 NORFOLK AV.**

Marital Status **SINGLE**

Relationship to groom if any

**NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 29, 85**

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985**  
**SAUNDRA E. BANKS, CLERK**

License Fee \$ 55.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-42044

State of Maryland

LICENSE NO.

130805

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29TH. day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

EDDIE PHILLIP BROWN, JR

Age 27

Birthplace

MD.

(State)

Groom's  
Residence

2801 INDIANA ST.

Marital Status **DIVORCED**Bride's  
Name

GENEVA JEAN WRIGHT

Age 24

Birthplace

MD.

(State)

Bride's

Residence 2424 EUTAW PL.

Marital Status **SINGLE**

Relationship to groom if any

**NONE**

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 29,****85****DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-42045

LICENSE NO.  
 130568

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 29TH day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **EMMANUEL ANTONIO MASSEY**

Age **30** Birthplace **MD.**  
(State)

Groom's Residence **4818 REISTERSTOWN RD.**

Marital Status **DIVORCED**

Bride's Name **DOROTHEA DELORES DORSEY**

Age **32** Birthplace **MD.**  
(State)

Bride's Residence **3645 PARK HEIGHTS AV.**

Marital Status **DIVORCED**

Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **NOV. 29,**

**85**

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-42046

## State of Maryland

LICENSE NO.

130361

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 29TH day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **SAMUEL D. TRESS** Age **37** Birthplace **MD.**  
(State)  
Groom's Residence **1717 S. HANOVER STREET** Marital Status **DIVORCED**  
Bride's Name **PATRICIA ELIZABETH FAGAN** Age **24** Birthplace **MD.**  
(State)  
Bride's Residence **6910 DEVALE PLACE BALTO. CO., MD.** Marital Status **SINGLE**  
Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 29 85**

**DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985**  
**SAUNDRA E. BANKS, CLERK**

License Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-42047

LICENSE NO.

130789

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 29TH day of NOVEMBER 9 1985

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name GEORGE E. SIGLER

Age 27 Birthplace MD.  
(State)

Groom's  
Residence 562 5th AVENUE

Marital Status SINGLE

Bride's  
Name JOANN L. PERRY

Age 31 Birthplace MD.  
(State)

Bride's  
Residence 562 5th AVENUE

Marital Status DIVORCED

Relationship to groom if any NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 29

85 DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985**

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-42048

LICENSE NO.

130735

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 29th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	WALTER J. HORTON	Age	34	Birthplace	(State) MD.
Groom's Residence	4014 KATHLAND AVE.	Marital Status	DIVORCED		
Bride's Name	ROSALEE WINSTEAD	Age	32	Birthplace	(State) MD.
Bride's Residence	4014 KATHLAND AVE.	Marital Status	DIVORCED		

Relationship to groom if any NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 29 85

DEP. CLK. - CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on NOV 29 1985

License Fee \$ 25.00

**SANDRA E. BANKS, CLERK**

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

## State of Maryland

85-42049

 LICENSE NO.  
130176

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**
 I Hereby Certify that on the 29TH day of NOVEMBER 19 85

 the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name**THOMAS E WYATT**Age **50**

Birthplace

**MD.**  
(State)Groom's  
Residence**515 CAMPBELL LA**

Marital Status

**DIVORCED**Bride's  
Name**GLORIA A HARRISON**Age **36**

Birthplace

**MD.**  
(State)Bride's  
Residence**515 CAMPBELL LA**

Marital Status

**DIVORCED****NONE**

Relationship to groom if any

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 29 85****DEPUTY CLERK- CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42050

State of Maryland

LICENSE NO.

130796

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29TH day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **JOHN B. ALSTON, 3RD**Age **26** Birthplace **MD.**  
(State)Groom's  
Residence **3222 RAVENWOOD AV.**Marital Status **SINGLE**Bride's  
Name **BONITA CHAMBERS TOYE**Age **34** Birthplace **MD.**  
(State)Bride's  
Residence **3222 RAVENWOOD AV.**Marital Status **DIVORCED**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK- CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985****SAUNDRA E. BANKS, CLERK**

Signature Clerk of the Court

License Date **NOV. 29 85**License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42051

## Certificate of Marriage

State of Maryland

LICENSE NO.

130707

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29th day of November 9 1985the following persons were by me united in marriage at BALTIMORE, MARYLAND

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **MICHAEL DENNIS LARKINS**Age **36** Birthplace **MD.**  
(State)Groom's Residence **1929 LEMMON STREET**Marital Status **DIVORCED**Bride's Name **WANDA SUE MERRICK**Age **28** Birthplace **VA.**  
(State)Bride's Residence **1929 LEMMON STREET**Marital Status **DIVORCED**Relationship to groom if any **NONE****JOAN C. ANDERDSON**

Name of Officiating Clergy or Authorized Officer

License Date **Nov. 29, 85** **DEPUTY CLERK, CIRCUIT COURT FOR BALTO. CITY**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct copy of a record filed in this

office on

**NOV 29 1985**  
**SAUNDRA E. BANKS, CLERK**

License Fee \$

**25.00**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-42052

## Certificate of Marriage

State of Maryland

LICENSE NO.

130721

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29th day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	EDWARD V. DASCH	Age	48	Birthplace	MD.
					(State)
Groom's Residence	5694 LEIDEN RD. BALTO.CO.,MD.	Marital Status	DIVORCED		
Bride's Name	CAROLE A. MORRIS	Age	38	Birthplace	MD.
					(State)
Bride's Residence	5694 LEIDEN RD. BALTO. CO.,MD.	Marital Status	DIVORCED		
Relationship to groom if any	NONE				

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 29 85 DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 29 1985  
SAUNDRA E. BANKS, CLERK

License Fee \$

25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-42053

## State of Maryland

LICENSE NO.

130603

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 29th day of NOVEMBER 9 1985

the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JEROME

DANGERFIELD

Age 44

Birthplace

MD.

(State)

Groom's  
Residence

2409

E. CHASE

ST.

Marital Status

DIVORCED

Bride's  
Name

AGNES

A.

LEE

Age 32

Birthplace

MD.

(State)

Bride's  
Residence

904

E. NORTH

AVE.

Marital Status

SINGLE

Relationship to groom if any

NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

License Date

NOV 20

85

JW

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 29 1985

SAUNDRA E. BANKS, CLERK

License Fee \$

25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-42054

LICENSE NO.  
 130755

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 29th day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	MURID HUSSAIN <del>SHAH</del>	Age	39	Birthplace	PAKISTAN <small>(State)</small>
Groom's Residence	4109 LIBERTY HGTS AVE	Marital Status	SINGLE		
Bride's Name	MARIA D ELLISON	Age	46	Birthplace	BRAZIL <small>(State)</small>
Bride's Residence	4109 LIBERTY HGTS AVE	Marital Status	DIVORCED		
Relationship to groom if any		NONE			

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 29 85 DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 29 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$

25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42055

State of Maryland

LICENSE NO.

130734

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29TH day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DAVID LEO TEABOUT**Age **23** Birthplace **MD.**  
(State)Groom's Residence **5611 HADDON AVENUE**Marital Status **SINGLE**Bride's Name **TERREAL LAZET GRANT**Age **21** Birthplace **MD.**  
(State)Bride's Residence **1608 LOCHWOOD AVENUE**Marital Status **SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON****85** Name of Officiating Clergy or Authorized Officer  
**DEPUTY CLERK-CIRCUIT COURT**License Date **NOV 27**

Title and Religious Denomination or Office

**JW**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on **CAIINDA F. BANKS, CLERK**

License Fee \$

**25.00****NOV 29 1985**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42056

State of Maryland

LICENSE NO.

130692

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29th day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **MICHAEL C. VAETH**Age **25** Birthplace **MD.**  
(State)Groom's  
Residence **627 N. ROSE STREET**Marital Status **DIVORCED**Bride's  
Name **CAROL L. POOLE**Age **24** Birthplace **MD.**  
(State)Bride's  
Residence **627 N. ROSE STREET**Marital Status **SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 26 85****DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.12

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42057

## Certificate of Marriage

State of Maryland

LICENSE NO.

130725

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29TH day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	JERRY D EDWARDS	Age	22	Birthplace	MD.
				(State)	
Groom's Residence	2012 RAMSEY ST	Marital Status	SINGLE		
Bride's Name	ROSENA M KIM	Age	23	Birthplace	MD.
				(State)	
Bride's Residence	2012 RAMSEY ST	Marital Status	DIVORCED		
Relationship to groom if any	NONE				

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 29 85

DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 29 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$

25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42058

## Certificate of Marriage

State of Maryland

LICENSE NO.

130780

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29th day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

CRAIG A HURWITZ

Age 29 Birthplace TEXAS  
(State)Groom's  
Residence

506 CATHDERAL ST

Marital Status SINGLEBride's  
Name

SUZANNE HUTCHISON

Age 28 Birthplace CONN  
(State)Bride's  
Residence

506 CATHDERAL ST

Marital Status SINGLE

Relationship to groom if any

NONE

License Date NOV. 27 85Name of Officiating Clergy or Authorized Officer  
Charles W. Mackey  
DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 29 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

tt

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42059

## Certificate of Marriage

State of Maryland

LICENSE NO.

130655

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29TH day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

RONALD W COOK

Age 33

Birthplace MD.

Groom's  
Residence

3216 W GARRISON AVE

Marital Status

(State) DIVORCED

Bride's  
Name

SHIRLEY A RAVENELL

Age 30

Birthplace N Y

Bride's  
Residence

3216 W GARRISON AVE

Marital Status  
NONE

SINGLE

Relationship to groom if any

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 29 85

DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on NOV 29 1985  
SAUNDRA E. BANKS, CLERKLicense Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

*Certificate of Marriage*  
*State of Maryland*

85-42060

LICENSE NO.  
 130820

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 29TH day of NOVEMBER 19 <sup>9</sup>85

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **DAVID R. BOESHORE, JR.**

Age **24** Birthplace **MD.**  
(State)

Groom's Residence **3638 LYNDAL AVE**

Marital Status **SINGLE**

Bride's Name **JOANNE P. NEWELL**

Age **25** Birthplace **MD.**  
(State)

Bride's Residence **3507 KENYON AVE**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 29 85**

**DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00

**SAUNDRA E. BANKS, CLERK**  
 Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-42061

LICENSE NO.  
 130547

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 29th day of NOVEMBER 9 1985

the following persons were by me united in marriage at BALTIMORE CITY  
 (City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
 Name **JULIUS HAYNAL**

Age **60** Birthplace **EUROPE**  
 (State)

Groom's  
 Residence **1924 HARMAN AV.**

Marital Status **SINGLE**

Bride's  
 Name **KATHARINA RACK**

Age **56** Birthplace **EUROPE**  
 (State)

Bride's  
 Residence **1924 HARMAN AV.**

Marital Status **SINGLE**

Relationship to groom if any **NONE**

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985**

**SAUNDRA E. BANKS, CLERK**

Signature — Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42062

## Certificate of Marriage

State of Maryland

LICENSE NO.

130620

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29th day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name NATHAN E. HECTORAge 18 Birthplace MD.  
(State)Groom's Residence 805 BELGIAN AVENUEMarital Status SINGLEBride's Name JACKIE JOHNSONAge 17 Birthplace MD.  
(State)Bride's Residence 222 S. MT. OLIVET LANEMarital Status SINGLERelationship to groom if any NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 20 85DEP. CLK. - CIRCUIT COURT OF BALTO. CITY  
Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 29 1985

License Fee \$

25.00SAUNDRA E. BANKS, CLERK  
Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42063

## Certificate of Marriage

State of Maryland

LICENSE NO.

130779

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29TH day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

SAM JOSEPH BETTY JR

Age 37

Birthplace

JAMAICA

(State)

Groom's  
Residence

2319 ANOKA AVE

Marital Status

SINGLE

Bride's  
Name

CORRINE SONIA BOONE

Age 19

Birthplace

MD.

(State)

Bride's  
Residence

2319 ANOKA AVE

Marital Status

SINGLE

NONE

Relationship to groom if any

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 29

85

DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 29 1985

License Fee \$ 25.00

SABINDA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42064

State of Maryland

LICENSE NO.

130475

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	CHARLES D. LLOYD	Age	29	Birthplace	MD.
				(State)	
Groom's Residence	61 BENONI CIR. BALTO.CO., MD.	Marital Status	SINGLE		
Bride's Name	CASANDRA M. HUGHLETT	Age	33	Birthplace	MD.
				(State)	
Bride's Residence	61 BENONI CIR. BALTO.CO., MD.	Marital Status	DIVORCED		
Relationship to groom if any	NONE				

THERESA A. TUTMAN

Name of Officiating Clergy or Authorized Officer

License Date NOV. 29 85 DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00NOV 29 1985  
SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42065

State of Maryland

LICENSE NO.

129830

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29TH day of NOVEMBER 9 1985**BALTIMORE, MD.**

the following persons were by me united in marriage at \_\_\_\_\_

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name

**WILLIE LEE JONES**

Age

**50**

Birthplace

**N. CAROLINA**

(State)

Groom's

Residence

**1124 STOCKTON STREET**

Marital Status

**SINGLE**

Bride's

Name

**RUTHIE MAE BENTION**

Age

**52**

Birthplace

**N. CAROLINA**

(State)

Bride's

Residence

**1124 STOCKTON STREET**

Marital Status

**SINGLE**

Relationship to groom if any

**NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 29****85****DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of the original

officer

**SAUNDRA E. BANKS, CLERK****NOV 29 1985**License Fee \$ 5.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42066

State of Maryland

LICENSE NO.

130834

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29TH day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name JON E. RICE Age 23 Birthplace N. CAR.  
 (State)  
 Groom's Residence 127 WILLOWDALE DR. FREDERICK CO., MD. Marital Status SINGLE  
 Bride's Name MARCIA K. MC MAHAN Age 24 Birthplace WI.  
 (State)  
 Bride's Residence 201 CRAIN CT. A.A. CO., MD. Marital Status SINGLE

Relationship to groom if any NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 29, 85DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 29 1985

License Fee \$ 35.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42067

State of Maryland

LICENSE NO.

130276

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29TH day of NOVEMBER 7 1985the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **ANTHONY KARL KEARSE**Age **23**Birthplace **MD.**  
(State)Groom's Residence **3720 WINDSORMILL RD.**Marital Status **SINGLE**Bride's Name **GEORGETTE CHESTNUT**Age **25**Birthplace **MD.**  
(State)Bride's Residence **3720 WINDSORMILL RD.**Marital Status **SINGLE**Relationship to groom if any **NONE****THERESA****A. TUTMAN**

Name of Officiating Clergy or Authorized Officer

License Date **OCT 28 85** **DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

**JW**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985**License Fee \$ 55.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-42068

State of Maryland

LICENSE NO.

130289

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 4TH day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **ROGER ELLIS**Age **28** Birthplace **MISSOURI**  
(State)

Groom's

Residence **1802 GREENWICH WOODS DR. HOWARD CO., MD.** Marital Status **SINGLE**

Bride's

Name **MARCIA MARIE ELLIOTT**Age **27** Birthplace **JAMAICA**  
(State)

Bride's

Residence **1236 DAMSEL RD. BALTO. CO., MD.** Marital Status **DIVORCED**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **OCT. 28 85** **DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 55.00**NOV 4 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42069

State of Maryland

LICENSE NO.

130576

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 27TH. day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name **WILLIAM TIMOTHY CLISHAM**Age **51**

Birthplace

**MD.**

(State)

Groom's

Residence **3409 UNIVERSITY PLACE**

Marital Status

**DIVORCED**

Bride's

Name **ELIZABETH PATTESON GILLIAM**Age **35**

Birthplace

**N.J.**

(State)

Bride's

Residence **3409 UNIVERSITY PLACE**

Marital Status

**DIVORCED**

Relationship to groom if any

**NONE****JOAN****C.****ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

License Date **NOV. 27,****85**

Address of Clergy or Authorized Officer

**CERTIFICATION OF CLERK OF THE COURT**

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 27 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 35.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42070

## Certificate of Marriage

State of Maryland

LICENSE NO.

130720

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26 day of NOV 9 19 85the following persons were by me united in marriage at BALTO MD  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name **WILLIAM GARFIELD DUNSTON**Age **53** Birthplace **N.C.**  
(State)Groom's  
Residence **4119 COLEMAN AV.**Marital Status **DIVORCED**Bride's  
Name **EDNA WILLIAMS**Age **35** Birthplace **MD.**  
(State)Bride's  
Residence **4119 COLEMAN AV.**Marital Status **DIVORCED**Relationship to groom if any **NONE**

Name of Officiating Clergy or Authorized Officer

License Date

NOV 26 1985

JW

Title and Religious Denomination or Office  
**DEPUTY CLERK CIRCUIT COURT**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

11-26-85

License Fee \$

25.00

SAUNDRA E. BANKS, CLERK

Signature Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42071

## Certificate of Marriage

State of Maryland

LICENSE NO.

130103

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26TH. day of NOVEMBER 1 1985the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

STERLING H MITCHELL SR

Age 28Birthplace MD.

(State)

Groom's  
Residence

6617 TOUCHSTONE CT

Marital Status

SINGLEBride's  
Name

BARBARA BROWN

Age 33Birthplace S. CAR

(State)

Bride's

Residence

2801 VIRGINIA AVE

Marital Status

SINGLENONE

Relationship to groom if any

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 5,85DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-42072

LICENSE NO.

130539

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 26TH day of NOVEMBER 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JOSEPH BUSTER, JR

Age 37

Birthplace MD.  
(State)

Groom's  
Residence

1700 DRUID HILL AV.

Marital Status SINGLE

Bride's  
Name

SAYYEDAH ALEEM

Age 20 Birthplace N.Y.  
(State)

Bride's  
Residence

1700 DRUID HILL AV.

Marital Status SINGLE

Relationship to groom if any

NONE

JOAN C. ANDERSON.

Name of Officiating Clergy or Authorized Officer

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985

SAUNDRA E. BANKS, CLERK  
 Signature - Clerk of the Court

License Date NOV. 26, 85

License Fee \$ 20.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Circuit Court.

2

85-42073

## Certificate of Marriage

State of Maryland

LICENSE NO.

130536

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 26th day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name JOHN WINSTON MILSTRED, JRAge 25 Birthplace MD.  
(State)Groom's Residence 2610 HAMPDEN AV.Marital Status SINGLEBride's Name RUTH TRACEY BRIDGMANAge 17 Birthplace MD.  
(State)Bride's Residence 2610 HAMPDEN AV.Marital Status SINGLERelationship to groom if any NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 26 85DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42074

## Certificate of Marriage

State of Maryland

LICENSE NO.

130282

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29th day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **LARRY HUTCHINSON**Age **31** Birthplace **N. C.**  
(State)Groom's Residence **10 ALTURA CT. BALTO.CO.,MD.**Marital Status **SINGLE**Bride's Name **DIANE P. SMITH**Age **32** Birthplace **MD.**  
(State)Bride's Residence **10 ALTURA CT. BALTO.CO.,MD.**Marital Status **SINGLE**Relationship to groom if any **NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 4 85****DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

TT

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42075

State of Maryland

LICENSE NO.

12011

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 29TH day of NOVEMBER 9, 1985

the following persons were by me united in marriage at BALTIMORE, MD.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name

JAMES HANDY, BEY

Age 43

Birthplace

MD

(State)

Groom's

Residence

503 E 36th ST

Marital Status

DIVORCED

Bride's

Name

VALERIE E LEE

Age 31

Birthplace

MD

(State)

Bride's

Residence

503 E 36th ST

Marital Status

SINGLE

Relationship to groom if any

NONE

JOAN C. ANDERSON

Name of Officiating Clergyman or Authorized Officer

License Date SEPT 16 85

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 29 1985

SAUNDRA E. BANKS, CLERK

Signature-Clerk of the Court

License Fee - Resident \$25.00  
Non-Resident \$

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-42076

State of Maryland

LICENSE NO.

130813

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29TH day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name HON ANDRE SATCHELLAge 24

Birthplace

MD.  
(State)

Groom's

Residence 4712 GREENSPRING AV.

Marital Status

SINGLE

Bride's

Name PAIGE RENEE PULLENAge 23

Birthplace

MD.  
(State)

Bride's

Residence 4712 GREENSPRING AV.

Marital Status

SINGLE

Relationship to groom if any

NONETHERESA A. TUTMAN

Name of Officiating Clergy or Authorized Officer

License Date NOV. 2985 DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 29 1985License Fee \$ 25 00SAUNDRA E. BANKS, CLERK  
Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-42077

LICENSE NO.

130783

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 27TH day of NOVEMBER 9 1985

the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name

WAYNE HILL

Age 28

Birthplace

MD.

(State)

Groom's Residence

932 N CHAPEL ST

Marital Status

DIVORCED

Bride's Name

TERESA M JONES

Age 26

Birthplace

MD.

(State)

Bride's Residence

932 N CHAPEL ST

Marital Status

DIVORCED

Relationship to groom if any

NONE

JOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

Title and Religious Denomination or Office

DEPUTY CLERK - CIRCUIT COURT

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 27 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Date NOV. 27 85

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42078

# Certificate of Marriage

## State of Maryland

LICENSE NO.  
130565

Copy for State Department of Health and Mental Hygiene  
**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 27TH day of NOVEMBER 19 85  
BALTIMORE, MD.

the following persons were by me united in marriage at \_\_\_\_\_  
(City or Town)  
in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **EDWARD GYAMFI**  
Groom's Residence **5919 RADECKE AVE.**  
Bride's Name **LUCY BANNOR**  
Bride's Residence **5919 RADECKE AVE.**

Age **36** Birthplace **GHANA**  
(State)  
Marital Status **DIVORCED**  
Age **23** Birthplace **GHANA**  
(State)  
Marital Status **SINGLE**

Relationship to groom if any **NONE**

*J. F. Wandam*

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 22**

**85 DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 55.00

**NOV 27 1985**  
**SAUNDRA E. BANKS, CLERK**  
Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

12: 12

2

## Certificate of Marriage

85-42079

State of Maryland

LICENSE NO.

130722

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 27TH day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	RONALD J. KODLICK	Age	44	Birthplace	PA.
					(State)
Groom's Residence	135 W. HILL ST.	Marital Status	DIVORCED		
Bride's Name	GLADYS C. WHEELER	Age	39	Birthplace	MD.
					(State)
Bride's Residence	135 W. HILL ST.	Marital Status	SINGLE		

Relationship to groom if any NONE

JOHN WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date NOV. 27

85

DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 27 1985

SAUNDRA E. BANKS, CLERK

License Fee \$

25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42080

State of Maryland

LICENSE NO.  
130550

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 27TH. day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **HARRIS Z. CARMEL**Age **58** Birthplace **N.Y.**

(State)

Groom's Residence **3700 BARTWOOD RD.**

Marital Status

**DIVORCED**Bride's Name **NANCY B. SEIDMAN**Age **39** Birthplace **MD.**

(State)

Bride's Residence **3700 BARTWOOD RD.**

Marital Status

**SINGLE**

Relationship to groom if any

**NONE****JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

License Date **NOV. 15** **85**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 27 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy is to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42081

State of Maryland

LICENSE NO.

130769

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 27TH day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

ANTHONY PETER COLLINS

Age 26

Birthplace

TRINIDAD

(State)

Groom's

Residence

3635 LIBERTY HEIGHTS AVENUE

Marital Status

SINGLE

Bride's

Name

CHERYL JEAN BARNES

Age 30

Birthplace

MARYLAND

(State)

Bride's

Residence

P.O. BOX # 54 VILLAGE ROAD

Marital Status

DIVORCED

Relationship to groom if any

NONE

BARBARA PITT

Name of Officiating Clergy or Authorized Officer

License Date NOV. 27 85

DEP. CLK. - CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 27 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42082

State of Maryland

LICENSE NO.

130188

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 27th day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>WILLIAM G. BORY</b>	Age	<b>24</b>	Birthplace	<b>MD.</b>
				(State)	
Groom's Residence	<b>2621 WINDSOR RD. BALTO.CO.,MD.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>WILMA L. LIPSCOMB</b>	Age	<b>25</b>	Birthplace	<b>MD.</b>
				(State)	
Bride's Residence	<b>1128 STEIGER WAY</b>	Marital Status	<b>DIVORCED</b>		

Relationship to groom if any **NONE****JOHN WANKMILLER**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination of Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct record filed in this

office on

**NOV 27 1985****SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD, 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42083

State of Maryland

LICENSE NO.  
130770

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 27 day of NOV 9 19 85the following persons were by me united in marriage at BALTO MD  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name MILAN KOSANOVICHAge 26 Birthplace ILL.  
(State)Groom's Residence DOVER, NEW JERSEYMarital Status SINGLEBride's Name KARLENE A. HOOAge 26 Birthplace JAMAICA  
(State)Bride's Residence DOVER, NEW JERSEYMarital Status SINGLE

Relationship to groom if any

NONEBARBARA J. PITT

Name of Officiating Clergy or Authorized Officer

License Date NOV 27 85

JW

Title and Religious Denomination or Office

**DEPUTY CLERK CIRCUIT COURT**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 27 1985License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.



2

## Certificate of Marriage

85-42084

State of Maryland

LICENSE NO.

130781

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 27TH. day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	MARTIN E. DUPONT	Age	25	Birthplace	N.Y.
				(State)	
Groom's Residence	HOPATCONG, NEW JERSEY		Marital Status	WIDOWER	
Bride's Name	MARILYN S. MANTANI	Age	31	Birthplace	N.Y.
				(State)	
Bride's Residence	ANDOVER, NEW JERSEY		Marital Status	SINGLE	
Relationship to groom if any	NONE				

JOHN C, ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 27, 85**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 27 1985**License Fee \$ 25.00**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42085

# Certificate of Marriage

State of Maryland

LICENSE NO.  
130740

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

I Hereby Certify that on the 26TH day of NOVEMBER 9 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

JOHN H KNOEBEL

Age 44

Birthplace N Y

(State)

Groom's  
Residence

PEEKSKILL N Y

Marital Status

SINGLE

Bride's  
Name

BARBARA M RICHARDSON

Age 46

Birthplace N CAR

(State)

Bride's  
Residence

PEEKSKILL N Y

Marital Status

SINGLE

Relationship to groom if any

NONE

JOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date NOV. 26 85

DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 26 1985

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

License Fee \$

25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

*Certificate of Marriage*  
*State of Maryland*

85-42086

LICENSE NO.  
 130662

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 29TH. day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>JAMES W. GOLDSTEIN</b>	Age	<b>41</b>	Birthplace	<b>PA.</b>
				(State)	
Groom's Residence	<b>YORK, PA.</b>	Marital Status	<b>DIVORCED</b>		
Bride's Name	<b>PATRICIA M. KERN</b>	Age	<b>31</b>	Birthplace	<b>PA.</b>
				(State)	
Bride's Residence	<b>YORK, PA.</b>	Marital Status	<b>DIVORCED</b>		
Relationship to groom if any	<b>NONE</b>				

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 29,**

**85**

**DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985**  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42087

## Certificate of Marriage

State of Maryland

LICENSE NO.

130792

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29TH day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

RONALD DIXON

Age 25

Birthplace

N J

(State)

Groom's  
Residence

TRENTON N J

Marital Status

SINGLE

Bride's  
Name

TAMMY L CARPENTER

Age 21

Birthplace

N J

(State)

Bride's  
Residence

TRENTON N J

Marital Status

SINGLE

Relationship to groom if any

NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 29 85

DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 29 1985

License Fee \$ 25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42088

State of Maryland

LICENSE NO.

130402

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 29th day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name	<b>NIMISH C. M. SHAH</b>	Age	<b>19</b>	Birthplace	<b>KENYA</b> (State)
Groom's Residence	<b>WASHINGTON D.C.</b>	Marital Status	<b>SINGLE</b>		
Bride's Name	<b>TAMMY L. JACOBS</b>	Age	<b>17</b>	Birthplace	<b>MD.</b> (State)
Bride's Residence	<b>611 WYETH ST.</b>	Marital Status	<b>SINGLE</b>		
Relationship to groom if any	<b>NONE</b>				

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date **NOV 29 85**DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

tt

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

License Fee \$ 25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

NOV 29 1985

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

State of Maryland

85-42089

LICENSE NO.

130800

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 29TH day of NOVEMBER 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name

**ROBERT DELANCEY**

Age **27**

Birthplace

**N.Y.**

(State)

Groom's  
Residence

**QUEENS N.Y.**

Marital Status

**SINGLE**

Bride's  
Name

**REGINA E PIERCE**

Age **27**

Birthplace

**N Y**

(State)

Bride's  
Residence

**QUEENS N.Y.**

Marital Status

**SINGLE**

**NONE**

Relationship to groom if any

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

**DEPUTY CLERK- CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 29 1985**

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Date **NOV. 29N 85**

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

# Certificate of Marriage

85-42090

## State of Maryland

LICENSE NO.

130281

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**

*I Hereby Certify* that on the 1ST day of NOVEMBER 9 1985

the following persons were by me united in marriage at BALTIMORE CITY

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name BAHAAELDIN MAHMOUD MOHAMED KARRA Age 33 Birthplace EGYPT  
 Groom's Residence 2222 KING PLACE NW. WASHINGTON, D.C. Marital Status SINGLE  
 Bride's Name PAMELA D. JONES Age 26 Birthplace MD.  
 Bride's Residence 3015 THORDELL AV. Marital Status SINGLE  
 Relationship to groom if any NONE

JOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 1 85 DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 1 1985  
**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

License Fee \$ 25.00

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42091

State of Maryland

LICENSE NO.

130676

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 21ST day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name WILLIAM B FRICK JRAge 19 Birthplace DEL.  
(State)Groom's Residence MIDDLETON PAMarital Status SINGLEBride's Name CHRISTINE HEALYAge 15 Birthplace DEL.  
(State)Bride's Residence MIDDLETON PAMarital Status SINGLE

Relationship to groom if any

NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 2185DEPUTY CLERK-CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 21 1985

License Fee \$

25.00SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD. 21201 upon receipt of page 3, copy of Certificate for Clerk of Court.



2

85-42092

## Certificate of Marriage

State of Maryland

LICENSE NO.

130673

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 21 ST day of NOVEMBER 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's  
Name THOMAS E. CLARKAge 29 Birthplace N.J.  
(State)Groom's  
Residence HACKENSACK, N.J.Marital Status SINGLEBride's  
Name ANITA RICHAge 28 Birthplace N.J.  
(State)Bride's  
Residence HACKENSACK, N.J.Marital Status SINGLERelationship to groom if any NONEJOHN F. WANKMILLER

Name of Officiating Clergy or Authorized Officer

License Date NOV. 21 85DEP. CLK.-CIRCUIT COURT OF BALTO. CITY

Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 21 1985  
SAUNDRA E. BANKS, CLERKLicense Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42093

## Certificate of Marriage

State of Maryland

LICENSE NO.

130592

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 18TH. day of NOVEMBER 19 85the following persons were by me united in marriage at BALTIMORE, MD.  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **TALIP APAYDIN**Age **21** Birthplace **TURKEY**  
(State)Groom's Residence **WARWICK R.I.**Marital Status **SINGLE**Bride's Name **GULHAN AKTURK**Age **40** Birthplace **TURKEY**  
(State)Bride's Residence **WARWICK R.I.**Marital Status **DIVORCED**  
**NONE**

Relationship to groom if any

**JOAN C. ANDERSON**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 18****85****DEPUTY CLERK - CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct copy of the record filed in this

office on

**NOV 18 1985**

License Fee \$

25.00**SAUNDRA E. BAKER, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42094

## Certificate of Marriage

State of Maryland

LICENSE NO.

130461

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 8TH. day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name TIMOTHY M. BOWENAge 31 Birthplace N.Y.

(State)

Groom's Residence YONKERS, NEW YORKMarital Status SINGLEBride's Name SUSAN A. YOUKETAge 33 Birthplace N.Y.

(State)

Bride's Residence YONKERS, NEW YORKMarital Status SINGLERelationship to groom if any NONEJOAN C. ANDERSON

Name of Officiating Clergy or Authorized Officer

License Date NOV. 8, 85DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 8 1985  
SANDRA E. BANKS, CLERKLicense Fee \$ 25.00

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42095

## Certificate of Marriage

State of Maryland

LICENSE NO.

130482

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 12TH day of NOVEMBER 9 19 85the following persons were by me united in marriage at BALTIMORE, MD.

(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **NICHOLAS J. SPISHOCK**Age **28** Birthplace **PA.**

(State)

Groom's Residence **GRANTVILLE, PENNSYLVANIA**Marital Status **SINGLE**Bride's Name **ANGELINA M. WELLER**Age **75** Birthplace **N.Y.**

(State)

Bride's Residence **GRANTVILLE, PENNSYLVANIA**Marital Status **SINGLE**Relationship to groom if any **NONE****JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date **NOV. 12 85** **DEPUTY CLERK-CIRCUIT COURT**

Title and Religious Denomination or Office

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 12 1985**  
**SAUNDRA E. BANKS, CLERK**License Fee \$ 25.00

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

85-42096

## Certificate of Marriage

State of Maryland

LICENSE NO.

130481

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 12 day of NOV 9 19 85the following persons were by me united in marriage at BALTO MD  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **JOSEPH CIENIAWA**Age **20** Birthplace **PA.**  
(State)Groom's Residence **NEMBERG, PA.**Marital Status **SINGLE**Bride's Name **ANNA M. HALL**Age **19** Birthplace **PA.**  
(State)Bride's Residence **NEMBERG, PA.**Marital Status **SINGLE**Relationship to groom if any **NONE****JOHN F. WANKMILLER**

Name of Officiating Clergy or Authorized Officer

License Date

**NOV 12 85**

Title and Religious Denomination or Office

**DEPUTY CLERK CIRCUIT COURT**

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

**NOV 12 1985**License Fee \$ 25.00**SAUNDRA E. BARRIS, CLERK**

Signature — Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42097

State of Maryland

LICENSE NO.

129126

Copy for State Department of Health and Mental Hygiene

BALTIMORE CITY (30)

I Hereby Certify that on the 4TH. day of NOVEMBER 9 19 85

the following persons were by me united in marriage at BALTIMORE, MD.

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's

Name EDWARD J. FRANTZ

Age 21 Birthplace PA. (State)

Groom's

Residence POTTSVILLE, PENNSYLVANIA

Marital Status SINGLE

Bride's

Name CAROL LYNN HICKS

Age 16 Birthplace PA. (State)

Bride's

Residence POTTSVILLE, PENNSYLVANIA

Marital Status SINGLE

Relationship to groom if any NONE

JOAN C. ANDERSON

Name of Officiating Clergyman or Authorized Officer

License Date SEPT 17 85

DEPUTY CLERK - CIRCUIT COURT

Title and Religious Denomination or Office

JW

Address of Clergyman or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true copy of a record filed in this

office on

NOV 4 1985

License Fee \$25.00

SAUNDRA E. BANKS, CLERK

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Md. 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.

2

## Certificate of Marriage

85-42098

State of Maryland

LICENSE NO.

130061

Copy for State Department of Health and Mental Hygiene

**BALTIMORE CITY (30)**I Hereby Certify that on the 4TH day of NOVEMBER 9 1985the following persons were by me united in marriage at BALTIMORE CITY  
(City or Town)

in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name **THOMAS P. GIQUINTO**Age **40** Birthplace **NEW JERSEY**  
(State)Groom's Residence **TRENTON, NEW JERSEY**Marital Status **DIVORCED**Bride's Name **MARY H. GIQUINTO**Age **33** Birthplace **NEW JERSEY**  
(State)Bride's Residence **TRENTON, NEW JERSEY**Marital Status **DIVORCED**Relationship to groom if any **NONE**License Date **NOV. 5 85****DEP. CLK.-CIRCUIT COURT OF BALTO. CITY**

Title and Religious Denomination or Office

TT

Address of Clergy or Authorized Officer

CERTIFICATION OF CLERK OF THE COURT

I hereby certify that the above is a true and correct record filed in this

NOV 5 1985

License Fee \$ 25.00

office on

**SAUNDRA E. BANKS, CLERK**

Signature - Clerk of the Court

This copy to be held by the Clerk of the Court, and forwarded to the Division of Vital Records, State Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201, upon receipt of page 3, copy of Certificate for Clerk of Court.